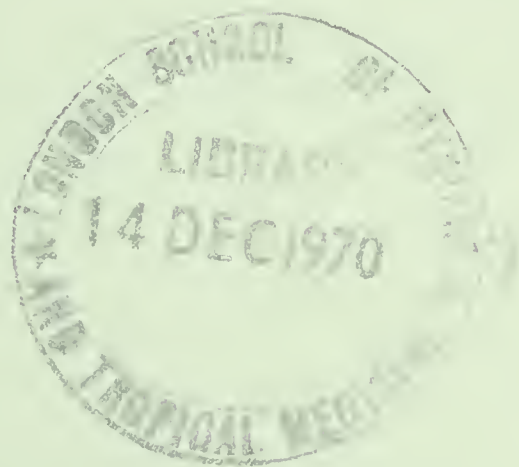


HERTFORDSHIRE COUNTY COUNCIL

# Health welfare and school health services



1969



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COUNTY HALL,  
HERTFORD,  
*August, 1970.*

To the Chairmen and Members of the Health and Welfare Committee and Education Committee.

LADIES AND GENTLEMEN,

This report on the local authority's Health and Welfare Service, including the School Health Service for the year 1969, is a composite of facts and opinions compiled by various officers of the department and of other agencies providing services on behalf of the local authority, and I am indebted to them for their contributions.

It has been an unsettling period, the efforts made to consolidate and further develop the pattern of administration of an integrated health and welfare department being rendered less effective because of the likely prospect of an early implementation of the Seebohm Committee's recommendation on the reorganization of local authority social services and the less likely prospect of an early and equally vital decision being made on the reorganization of health services. At the time of writing, the Local Authority and Social Services Act, 1970, has been approved by Parliament and requires local authorities to establish, on a date yet to be determined, a social services committee and appoint a Director of Social Services. The net result so far as this Authority is concerned would be to unravel the pattern of administration which was introduced in 1964 to effect the co-ordination of health and welfare services and devise and substitute another administrative pattern separating the local authority's health service administration from its social services administration. The case for amalgamation of all local authority social services is a strong one as indeed is the case of amalgamation of the three branches of the health service, but neither service can operate effectively without mutual support and co-ordination. As health service reform is complementary to social service reform and as the decision is yet to be made known how and when health service reform is to be effected, the method of co-ordinating health and social services continues to be a matter for conjecture as indeed must be the question of the stability of reorganized health and social service departments bearing in mind the possible if not probable reform of local government itself.


Not surprisingly these uncertainties have had their effect on the attitudes and hence the morale of the various types and classes of officers employed in the joint department. These attitudes range from enthusiasm tinged with a degree of impatience to anxiety and real concern according to the degree of surety that worthwhile if not improved career prospects exist when reorganization of the health and welfare department takes place.

It is therefore with gratitude that I record my appreciation of the work undertaken in the department in an attempt to create an efficient and co-ordinated health and welfare service, for it has not been easy to pursue the policy of integration of health and welfare administration when the trend nationally is based on separation.

I am, Ladies and Gentlemen,

Your obedient servant,

G. W. KNIGHT,  
*County Medical Officer.*



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## HEALTH AND WELFARE COMMITTEE.

*Chairman.*

County Councillor Mr. H. L. Morbey.

*Vice-Chairman.*

County Alderman Miss J. B. Campbell, M.B.E.

*Chairmen of Sub-Committees.*

*Health Services :* County Councillor Mr. A. C. Vincent.  
*Social Welfare Services :* County Alderman Miss J. B. Campbell, M.B.E.  
*General Purposes :* County Councillor Mr. H. L. Morbey.  
*Ambulance :* County Councillor Brig. G. H. P. Whitfeld, O.B.E., M.C., D.L.

## EDUCATION COMMITTEE.

*Chairman.*

County Alderman Mr. F. Bramston Austin.

*Vice-Chairman.*

County Councillor Mr. A. D. Sheridan.

## SPECIAL SERVICES SUB-COMMITTEE.

*Chairman.*

County Councillor Miss L. A. M. Lloyd-Taylor.

*Staff as at 1st January, 1970.*

G. W. Knight, M.D., D.P.H., County Medical Officer.  
 W. Stewart, M.B., Ch.B., D.P.H., Deputy County Medical Officer.  
 Vacant post—Second Deputy County Medical Officer.

*Administration of Services.*

*Social and Welfare Services :* R. S. J. Potter, A.I.S.W., County Welfare Officer.  
*Health Services :* W. A. Treharne, A.C.I.S., Senior Administrative Officer.  
*Management :* H. J. P. Page, A.I.M.T.A., Senior Administrative Officer.

*Principal Dental Officer.*

A. H. Millett, L.D.S., R.C.S.

*Consultant Psychiatrist (part-time).*

Alfred Torrie, M.A., M.B., Ch.B., D.P.M.

*Divisional Medical Officers.*

*Dacorum :* R. S. Hynd, M.B., Ch.B., D.P.H., Town Hall, Marlowes, Hemel Hempstead.  
*East Herts :* G. M. Frizelle, T.D., M.D., D.P.H., County Hall, Hertford.  
*North Herts :* J. D. Hall, M.R.C.S., L.R.C.P., D.P.H., Bedford Road, Hitchin.  
*St. Albans :* C. Burns, M.B., Ch.B., D.P.H., D.C.H., Bleak House, Catherine Street, St. Albans.  
*South-West Herts :* A. Shaw, M.B., B.S., D.P.H., Town Hall, Watford.  
*Welwyn :* G. R. Taylor, M.B., B.S., D.P.H., "Gooseacre," Cole Green Lane, Welwyn Garden City.

*Medical Officers (Salaried).*

M. M. E. Barnard, M.B., B.S., D.P.H.  
 D. M. Batty, M.B., Ch.B.  
 I. R. Clarke, M.B., Ch.B., D.R.C.O.G., D.P.H.  
 A. Derola, M.B., Ch.B.  
 J. V. Earle, M.A., M.B., B.Ch., D.P.H., D.I.H.  
 C. H. Fourcin, L.A.H.  
 J. S. Gardiner, B.Sc., M.D.  
 M. E. Gill, M.B., B.S.  
 J. E. Hughes, M.B., B.S., D.P.H.  
 E. M. Jennings, M.B., Ch.B., D.R.C.O.G.  
 L. S. Karpati, M.D. (Graz).  
 J. A. Leigh, M.B., Ch.B.  
 J. E. Leveson, M.B., B.S.  
 Y. G. McClean, B.Sc., M.B., B.S., D.C.H.  
 N. MacRae, M.B., Ch.B., D.P.H.  
 D. J. Marsden, M.B., Ch.B., D.C.H.  
 B. S. M. Marshall, M.B., Ch.B.  
 P. L. Martin, M.B., B.S., D.R.C.O.G., D.P.H.  
 M. O'Donovan, M.B., B.Ch., B.A.O.  
 J. S. Paulley, M.B., Ch.B.  
 J. M. Ponsford, L.R.C.P. & S., D.R.C.O.G., D.P.H.  
 J. Poole, M.B., Ch.B., D.C.H.  
 E. P. Rigby, M.B.E., B.M., B.S., D.T.M. & H.  
 A. V. Smith, M.B., B.S.  
 J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.  
 E. E. Walton, M.B., B.S.  
 M. E. Wehner, B.A., M.B., B.Chir., D.C.H.  
 A. Wilkes, M.B., B.S., D.P.H.  
 F. E. Woodthorpe, M.R.C.S., L.R.C.P.

There are in addition a number of fee-paid part-time medical officers.

*Chest Physicians.*

J. H. Angel, M.D., M.R.C.P.  
 T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.  
 A. G. Hounslow, M.D.  
 E. Rhys Jones, M.B., B.Sc., M.R.C.P.  
 V. U. Lutwyche, M.A., M.D., M.R.C.P., D.C.H.  
 N. MacDonald, M.B., Ch.B., F.R.C.P.  
 A. Pines, M.A., M.D., M.R.C.P.  
 J. C. Roberts, M.D., M.R.C.P.  
 P. W. Roe, B.A., B.M., B.Ch.

*County Nursing Officer and Day Nurseries Supervisor.*

V. M. King, S.R.N., S.C.M., H.V., Q.N.

*Deputy County Nursing Officer.*

D. Carter, S.R.N., S.C.M., H.V., Q.N.

*Second Deputy County Nursing Officer.*

B. L. Shippam, S.R.N., S.C.M., H.V., Q.N.

*Divisional Nursing Officers.*

<i>Dacorum :</i>	V. L. Turner, S.R.N., S.C.M., H.V., Q.N.
<i>East Herts :</i>	E. Worster, S.R.N., S.C.M., H.V., Q.N.
<i>North Herts :</i>	S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.
<i>St. Albans :</i>	R. Seymour, S.R.N., S.C.M., H.V., Q.N.
<i>South-West Herts :</i>	V. M. Greenham, S.R.N., S.C.M., H.V., Q.N.
<i>Welwyn :</i>	D. E. Reay, S.R.N., S.C.M., H.V., Q.N.

*County Health Inspector.*

J. L. Stringer, M.I.P.H.E., M.R.S.H., F.A.P.H.I.,

*Deputy County Health Inspector.*

W. S. Biggins, M.A.P.H.I., A.M.Inst.P.C.

*Statistician.*

V. A. Dickinson, B.Sc.

*Deputy County Welfare Officer.*

B. A. Creed, A.I.S.W.

*Social Work Supervisor.*

I. Page, Diploma in Social Science, Certificate Applied Social Studies.

*Senior Casework Adviser.*

Vacant post.

*Divisional Social Workers.**Dacorum* : F. Guest, S.R.N., R.M.N., National Certificate in Social Work.*East Herts* : H. M. Watson, Diploma in Social Science, P.S.W.*North Herts* : N. A. Parker, Certificate in Social Work.*St. Albans* : A. G. Gillespie, Certificate in Social Work.*South-West* : M. Keenleyside, B.A.(Hons.), Social Science Certificate.*Welwyn* : A. Jones, M.A., Diploma Soc.Admin., P.S.W.*Home Help Organizer.*

C. M. Webb, M.I.H.H.O., Certificate in Home Help Organization.

*Chiropodists.*

S. Devine, S.R.Ch.

M. M. Williams, M.Ch.S.

*Divisional Dental Officers.*

L. M. J. Ewart, L.D.S.

P. C. Perkins, L.D.S., R.C.S., B.D.S.

A. C. Reid, L.D.S., R.F.P.S.

D. H. Silver, L.D.S.

R. J. Smee, L.D.S., R.C.S.

P. M. Tanner, L.D.S., R.C.S.

*Orthodontists.*

J. F. Crawford, L.D.S.

S. J. Zaufal, B.D.S., D.Orth., R.C.S.

*Dental Officers (Salaried).*

D. M. Bain, L.D.S., R.C.S.

J. M. Barratt, L.D.S., R.C.S.

R. L. Kenyon, L.D.S., R.C.S., B.D.S.

J. M. McCaffrey, L.D.S., R.C.S.

E. H. Musgrove, L.D.S., R.C.S.

A. E. Reece, B.D.S.

B. W. P. Roberts, L.D.S., R.C.S.

P. M. Schulte, B.D.S.

G. A. Smee, L.D.S., R.C.S.

M. J. Wicks, L.D.S., R.C.S., B.D.S.

J. A. Winwood, L.D.S., R.C.S.

In addition, twenty part-time dental officers were employed.

*Dental Auxiliaries.*

M. I. Croydon.

C. E. Day.

F. C. Denny.

J. E. Dickenson.

G. S. Kettle.

J. L. Legood.

M. Walker.

*Dental Surgery Assistants.*

17 whole-time and 33 part-time were employed.

*Senior Speech Therapist.*

Leonard A. Willmore, F.C.S.T.

*Speech Therapists.*

17 Speech Therapists were employed (equivalent 11.8 whole time).



*Orthoptists.*

7 Orthoptists were employed (equivalent 4 whole time).

*Audiometricians.*

3 Audiometricians were employed.

## MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS OF COUNTY DISTRICTS.

(As at 1.1.1970.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Public Health Inspector</i>
Dacorum	Dr. R. S. Hynd ( <b>Divisional M.O.</b> ).	{ Hemel Hempstead M.B. Berkhamsted U.D. Tring U.D. Berkhamsted R.D. Hemel Hempstead R.D.	Mr. A. C. Horne Mr. R. C. Sweet Mr. T. William Jones Mr. R. J. Blandamer Mr. R. H. T. Chappell
East Herts	Dr. I. R. Clarke	Bishop's Stortford U.D.	Mr. A. L. Good
	*Dr. A. W. Smyth (acting)	Cheshunt U.D.	Mr. J. Billings
	Dr. G. M. Frizelle ( <b>Divisional M.O.</b> ).	{ Hertford M.B. Hoddesdon U.D. Sawbridgeworth U.D. Ware U.D. Braughing R.D. Ware R.D.	Mr. B. Peck Mr. W. D. Scott Mr. C. A. Ford Mr. C. J. Lucas Mr. P. E. L. Reed Mr. A. D. G. Goold
	*Dr. P. de Bec Turtle	Hertford R.D.	Mr. H. E. Gilby
North Herts	Dr. J. D. Hall ( <b>Divisional M.O.</b> ).	{ Baldock U.D. Hitchin U.D. Letchworth U.D. Royston U.D. Stevenage U.D. Hitchin R.D.	Mr. B. G. Willis Mr. N. Holt Mr. R. H. Mann Mr. D. G. Lord Mr. R. V. Lamey Mr. W. M. Matthews
St. Albans	Dr. C. Burns ( <b>Divisional M.O.</b> ).	{ City of St. Albans Harpenden U.D. St. Albans R.D. Elstree R.D.	Mr. R. E. C. Goddard
	Dr. P. B. O'Reilly ( <b>Deputy Divisional M.O.</b> ).		Mr. J. Snowden Mr. L. Lowe Mr. G. Male
South-West Herts.	Dr. A. Shaw ( <b>Divisional M.O.</b> ).	Watford M.B.	Mr. K. H. Marsden
	Dr. F. Barasi ( <b>Deputy Divisional M.O.</b> ).	{ Bushey U.D. Chorleywood U.D. Rickmansworth U.D. Watford R.D.	Mr. A. C. F. Gisborne
	Dr. W. Norman-Taylor		Mr. W. E. Hands Mr. F. Keen Mr. F. Reeve
Welwyn	Dr. G. R. Taylor ( <b>Divisional M.O.</b> ).	{ Welwyn Garden City U.D. Hatfield R.D. Welwyn R.D.	Mr. L. Gardiner
	*Dr. M. I. Outram	Potters Bar U.D.	Mr. C. A. Bailey Mr. P. B. Hawley Mr. J. H. Rooley

Where indicated by an asterisk, the officers named serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.



## PART I—HEALTH SERVICES

## VITAL STATISTICS.

The Registrar General's estimate of population for mid-1969 shows an increase of 10,920 over the mid-1968 estimate. Most of the increase arose in the East, North and Welwyn divisions. Hertfordshire's population is the eighth highest of the 45 administrative counties in England.

How the population is spread between the six health and welfare divisions is shown in Table 1.

TABLE 1.—COUNTY AND DIVISIONAL POPULATIONS, 1969.

Division	Population (mid-year estimate)
East . . . . .	163,170
North . . . . .	157,870
St. Albans . . . . .	155,990
South-West . . . . .	194,770
Welwyn . . . . .	122,220
Dacorum . . . . .	111,370
County . . . . .	903,390

TABLE 2.—PRINCIPAL VITAL STATISTICS.

	1969.	1968.
Live births :		
Number . . . . .	14,300	14,477
Rate per 1,000 population . . . . .	15.8	16.22
Illegitimate live births (per cent of total live births) . . . . .	6.0	6.57
Stillbirths :		
Number . . . . .	157	187
Rate per 1,000 total live and still births . . . . .	10.86	12.76
Total live and still births . . . . .	14,457	14,664
Infant deaths (deaths under one year) . . . . .	202	234
Infant mortality rates :		
Total infant deaths per 1,000 total live births . . . . .	14.1	16.16
Legitimate infant deaths per 1,000 legitimate live births . . . . .	13.6	15.45
Illegitimate infant deaths per 1,000 illegitimate live births . . . . .	22.2	26.29
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births) . . . . .	10.0	11.12
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) . . . . .	9.0	9.94
Perinatal mortality rate (still births and deaths under one week combined per 1,000 total live and still births) . . . . .	20.0	22.58
Maternal mortality (including abortion) :		
Number of deaths . . . . .	2	2
Rate per 1,000 total live and still births . . . . .	0.14	0.14
Epidemic death rate per 1,000 population . . . . .	0.06	0.05
Tuberculosis death rate per 1,000 population . . . . .	0.03	0.02
Respiratory diseases death rate per 1,000 population . . . . .	1.27	1.38
Cerebrovascular disease death rate per 1,000 population . . . . .	1.32	1.32
Cancer death rate per 1,000 population . . . . .	1.95	1.95
Heart disease death rate per 1,000 population . . . . .	2.17	2.84



[illegible]



## THE INCIDENCE OF PNEUMONIA IN HERTFORDSHIRE.

Dr. Melvyn Howe in the recently published revised edition of the National Atlas of Disease Mortality has studied the variations in disease mortality throughout the United Kingdom.

One of the apparent anomalies which these studies have shown is the comparatively high incidence of death from Pneumonia in the rural districts of Hertfordshire. This is a fact of considerable interest to the County Council's Health and Welfare Department and has been the subject of a preliminary investigation.

Prior to the National Health Service Act, London, Middlesex, and Hertfordshire County Councils built in Hertfordshire six large mental hospitals accommodating some 9,500 patients. These hospitals are situated in the Elstree, St. Albans, and Watford rural districts, and house patients from the Metropolitan area and not merely Hertfordshire. Pneumonia is a common cause of death in the terminal illness of severely handicapped patients. When the death rate from pneumonia is calculated in the rural districts of the County *excluding* the three rural districts containing these six mental hospitals, it is found that the rate is slightly below the National average.

Preliminary investigations, therefore, suggest that the apparently high death rate from pneumonia in the County is probably due to the large concentration in rural Hertfordshire of severely handicapped persons, coming in large part from areas outside the County.

TABLE 4.—BALANCED BIRTH AND DEATH RATES PER 1,000 POPULATION.

	Crude rate	Rate by balancing factor	National rate
Death rate . . .	9.1	10.4	11.9
Birth rate . . .	15.8	14.9	16.3

There has been a drop in both the birth and death rates during the past twelve months and both are well below the national rates. The balancing factor mentioned in Table 4 corrects the rates to take into account the age composition of Hertfordshire population.

## INFANT MORTALITY RATE, 1969.

This rate is of total infant deaths per 1,000 total live births. There was a rise in the infant mortality rate in 1968 but this year the figure has dropped back substantially and is again well below the figure of 18.0 for England and Wales.

## MIDWIFERY SERVICE.

TABLE 5.

	<i>Births and stillbirths to Hertfordshire residents.</i>	
	1969.	1968.
Total births and stillbirths . . . . .	14,322	14,474
In hospitals and nursing homes . . . . .	10,742	10,631
At home :		
(a) County Council midwives . . . . .	3,580	3,831
(b) By private midwives or out-County midwives . . . . .	—	13
Percentage of domiciliary births . . . . .	25.0	26.4



TABLE 6.

## PATIENTS DISCHARGED FROM HOSPITAL TO DOMILICIARY MIDWIVES' CARE.

		<i>Hospital and nursing home confinements of Herts mothers.</i>	<i>Early discharges from hospitals.</i>	<i>Total visits by domiciliary midwives.</i>
1965	. .	9,898	4,148	20,461
1966	. .	8,456	5,069	24,411
1967	. .	8,655	5,151	24,493
1968	. .	10,631	4,975	22,441
1969	. .	10,742	4,948	22,699

During the year domiciliary midwives attended 3,580 women for confinement compared with 3,831 in 1968. The number of women who were delivered in hospital and discharged home early was 4,948—which was almost the same number as in 1968. It is perhaps a sign of the times that no woman was delivered by a private midwife and this is the first year that this has been noted. The number of women delivered in hospital or nursing home was 10,742 and showed a small increase from 1968 of 111.

TABLE 7.

## NUMBER OF ANTE-NATAL PATIENTS VISITED FOR REPORT ON HOME CONDITIONS.

<i>Division.</i>	<i>Reports.</i>			<i>Herts mothers confined in hospital or nursing home.</i>		
	<i>1969.</i>	<i>1968.</i>	<i>1967.</i>	<i>1969.</i>	<i>1968.</i>	<i>1967.</i>
Dacorum .	351	280	217	1,280	1,337	1,208
East .	825	1,075	982	2,090	2,091	1,703
North .	585	665	549	1,975	1,835	1,676
St. Albans .	610	642	400	1,723	1,781	1,746
South-West .	240	316	361	2,241	2,154	2,013
Welwyn .	322	322	251	1,433	1,433	1,397
	<u>2,933</u>	<u>3,300</u>	<u>2,760</u>	<u>10,742</u>	<u>10,631</u>	<u>9,743</u>

Table 7 shows the number of women visited by the domiciliary midwives to report on the home circumstances on behalf of the hospitals. From the report a judgement is made as to whether the patient can be given a hospital bed on social grounds and also whether the home conditions are suitable for the patient to be discharged home early in the puerperium. The table further shows the number of patients confined in hospital according to divisions. Each division shows little variation in numbers from 1968.

*Ante-Natal Instruction.*

Midwives are encouraged to hold instructional classes for the ante-natal patients. During the year, 1,965 women attended and of this number 1,507 were delivered in hospital and 458 at home. Although it is mainly multipara women who are confined at home and who might be regarded as having previously attended instructional classes, nevertheless the number appears lower than expected.

*Midwives' Refresher Courses.*

All midwives are required to attend a course approved by the Central Midwives Board at five-yearly intervals. In 1969, 23 midwives attended courses held in various parts of the country. In addition, 42 midwives attended a three-day course, within the County, on Methods of Teaching Relaxation and Exercises for Ante-Natal Patients.

### *Staff Numbers and Training of Pupil Midwives.*

The number of midwives employed was 151 which represented a whole-time equivalent of 86·98. Fourteen of the staff were employed solely on midwifery duties. The domiciliary part of the midwives' training is given by 46 training midwives to pupil midwives drawn from five hospitals within the County, and two hospitals outside. During the year 133 pupil midwives were accepted and of this number 40 were from the maternity wing of Watford General Hospital.

With the reduction in domiciliary confinements it has been difficult in some areas to find an approved teaching midwife with sufficient patients for the training of a pupil. This is not peculiar to Hertfordshire and the Central Midwives Board in giving consideration to the training of midwives has approved a variation in the domiciliary part of the course, allowing for a reduction in the number of domiciliary deliveries. The three months' training period with the County Council midwives is still a requirement, but includes more study of community care. This new aspect has meant the organization of a programme by the nursing officers, and has called for the assistance of officers in other services and departments.

### *Use of Analgesia by Midwives.*

For many years midwives have been permitted to administer a mixture of nitrous oxide and air to patients during labour. In 1968 the Central Midwives' Board approved a mixture of nitrous oxide and oxygen for use by midwives. This meant that all existing machines became obsolete, and a purchase of the new Entonox machines for use by every domiciliary midwife was made, the change being spread over 1968 and 1969.

### *Phenylketonuria.*

This is an hereditary inborn error of metabolism which can cause irreparable brain damage if not diagnosed early and treated accordingly.

From 1960, the urine of all babies between 4–6 weeks of age has been tested by health visitors; in 1969 the Phenistix test was replaced in the County by the Guthrie Test which is a more accurate test of the metabolic disorder. With the Guthrie Test all babies have a sample of blood taken from their heels on the 7th day after birth and the specimens are then sent to Great Ormond Street Hospital for laboratory examination.

### *Ambulance Service—Emergency Childbirth.*

The Ambulance Service conveyed 3,369 maternity patients in the year, a small reduction of 127 from 1968. Four births occurred in ambulances and 30 in patients' homes before or just after the arrival of an ambulance; 14 births occurred with ambulance men only in attendance and 11 of the births were without complications. The assistance of a midwife and/or a doctor was obtained in every case.

### *Maternal Mortality.*

There were 2 maternal deaths during the year and both occurred in hospital. A report is made in every instance of a maternal death and this is sent to the Regional Assessor for analysis, the primary aim being to determine the adequacy of the care provided and the measures which are required to prevent or further reduce the number of maternal deaths.



TABLE 8.—MATERNAL MORTALITY.

Year	Hertfordshire			England and Wales Rate
	No. of Live and Still Births	No. of Maternal deaths	Rate per 1,000 Live and Still Births	
1959 . .	14,108	5	0.4	0.4
1960 . .	14,874	4	0.3	0.3
1961 . .	15,301	9	0.6	0.3
1962 . .	15,823	3	0.2	0.3
1963 . .	16,265	6	0.4	0.3
1964 . .	16,557	—	—	0.2
1965 . .	15,794	3	0.2	0.2
1966 . .	15,186	5	0.3	0.3
1967 . .	14,756	2	0.1	0.2
1968 . .	14,664	2	0.1	0.2
1969 . .	14,457	2	0.1	0.2

*Notification of Birth.*

Forms are completed by the doctor or midwife present at a birth, which gives information about the health of the mother during pregnancy, facts relating to the delivery and the condition of the baby. Abnormalities of infants or conditions which may affect the health of the baby are recorded and subsequently put on to an "At Risk" register. The progress of infants so recorded is carefully supervised for a considerable time by doctors and health visitors, the objective being to ensure any treatment necessary is provided without delay.

## CERVICAL CYTOLOGY.

In September, 1965 the first "well woman" Clinic was opened and since then others have followed in 15 of the towns in the County, offering to all parous women, mainly between the ages of 35 and 60 years, cervical cytology screening facilities to exclude pre-cancerous conditions of the cervix. The service is not limited to a pelvis examination and the taking of a cervical smear, as at the same time breast examinations are carried out to exclude breast adenoma, and urines are tested for any abnormal constituent.

The women who attend, either referred by their general practitioner or by directly seeking an appointment, are all shown how to undertake breast examinations, and are given explanatory leaflets for guidance. Not only are the smears sent for laboratory examination, but conditions are frequently revealed which warrant the attention of the family doctors, and the medical officers inform the doctors accordingly and recommend the attendance of the women at their consulting rooms.

Although most of the Clinics are held during the day it has been considered worthwhile to open some in the evenings, and there is still quite a waiting list for appointments in a few areas of the County. Although the numbers examined during 1969 are somewhat less than those of the year previous, altogether some 26,000 women have attended these clinics during the past 4½ years, and although this is a small proportion of those within this wide age range, many have also attended at the family doctors' surgery, or been examined in hospitals or at Family Planning Clinics for this purpose. In an endeavour to increase the proportion having this important examination, medical and nursing teams have visited factories and other establishments where there are large numbers of women workers, and in addition in the East Herts Division, specially trained midwives have, with the knowledge of the family doctors, visited women in their own homes who would not otherwise attend at clinics or doctors surgeries.

WELL WOMAN CLINICS.  
TABLE 9.—NUMBER OF WOMEN ATTENDERS AND RESULTS.

Division	(1) Number of women first attendances	Results of tests			(2) Subsequent attendances	Results of tests			(3) Re-test 3 years	Results of tests		
		Negative	For re-test	Further in- vestigation recom- mended		Negative	For re-test	Further in- vestigation recom- mended		Negative	For re-test	Further in- vestigation recom- mended
South-West .	380	378	2	—	51	50	—	1	—	—	—	—
East .	901	851	49	1	98	92	5	1	18	18	—	—
St. Albans .	1,585	1,476	106	3	123	107	15	1	—	—	—	—
Dacorum .	925	625	297	3	211	200	11	—	—	—	—	—
North .	1,437	1,140	297	—	—	—	—	—	—	—	—	—
Welwyn .	2,029	1,955	66	8	171	153	14	4	—	—	—	—
Total .	7,257	6,425	817	15	654	602	45	7	18	18	—	—



The Ministry of Health, when they made their recommendation for Cervical Cytology in 1965, suggested a test every five years, and women, when this period is up, in the first instance in the Autumn of this year, will be invited to return for another examination.

In the autumn of 1969 it was decided to run a pilot scheme in East Hertfordshire for domiciliary cytology, with particular thought to encouraging women in social classes IV and V to be examined. Visits were made on the recommendation of the health visitor or general practitioner.

It was necessary to give training to the nurses and midwives who were to carry out this work. Dr. Clarke, Medical Officer in Department, was asked to give the required information to the nursing staff and 15 were trained, and the necessary equipment obtained.

This experiment has so far not been as successful as was hoped, and only 18 women were seen by the nurses by the end of the year.

#### FAMILY PLANNING.

Local Health Authorities under the National Health Service (Family Planning Act, 1967) were empowered to give advice on contraception ; to examine medically persons seeking advice and to supply contraceptive substances and appliances. Furthermore, they could deal with persons needing advice on social grounds and not only on medical grounds as previously, and to recover charges for supplies provided for social need classes. No distinction was made under the Act between married and unmarried women and Authorities were asked to regard an adequate family planning service as an essential part of family welfare with the domiciliary staffs making women aware of the facilities available in their areas.

The Ministry suggested that the Family Planning Association and similar bodies might continue to be used for the purpose of the Act and the County Council in approving the provision of services in accordance with the terms of the Act also agreed that initially they should do so.

The family planning clinics in Hertfordshire have been provided by four agencies :—

The Herts and Beds Branch of the Family Planning Association with some 19 clinics ;

Two independent bodies in Watford and Welwyn Garden City and

The Roman Catholic Marriage Guidance Council, which advises Catholics in their own centres.

The Council had permitted the family planning clinics to be held in the Health Centres in the various towns, and although it is not yet considered possible to undertake responsibility for the whole service in the County increasing grants have been made available in the yearly budgets and divided in accordance with the approximate populations served by the various voluntary bodies.

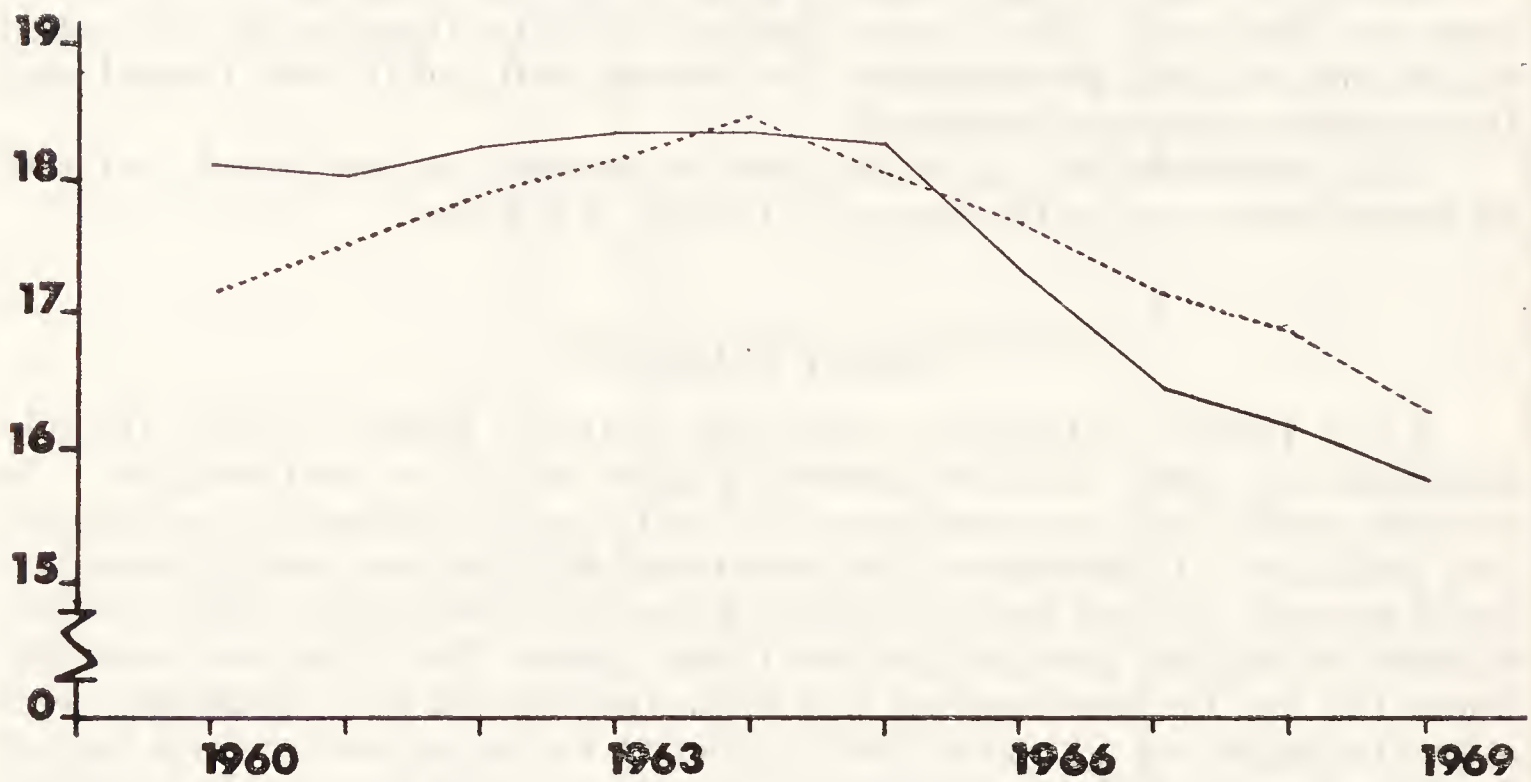
There can be little doubt of the value of planned parenthood to the health and well-being of families and one must expect demands upon and hence the cost of the service to increase year by year.

*CARE OF MOTHERS AND YOUNG CHILDREN.*

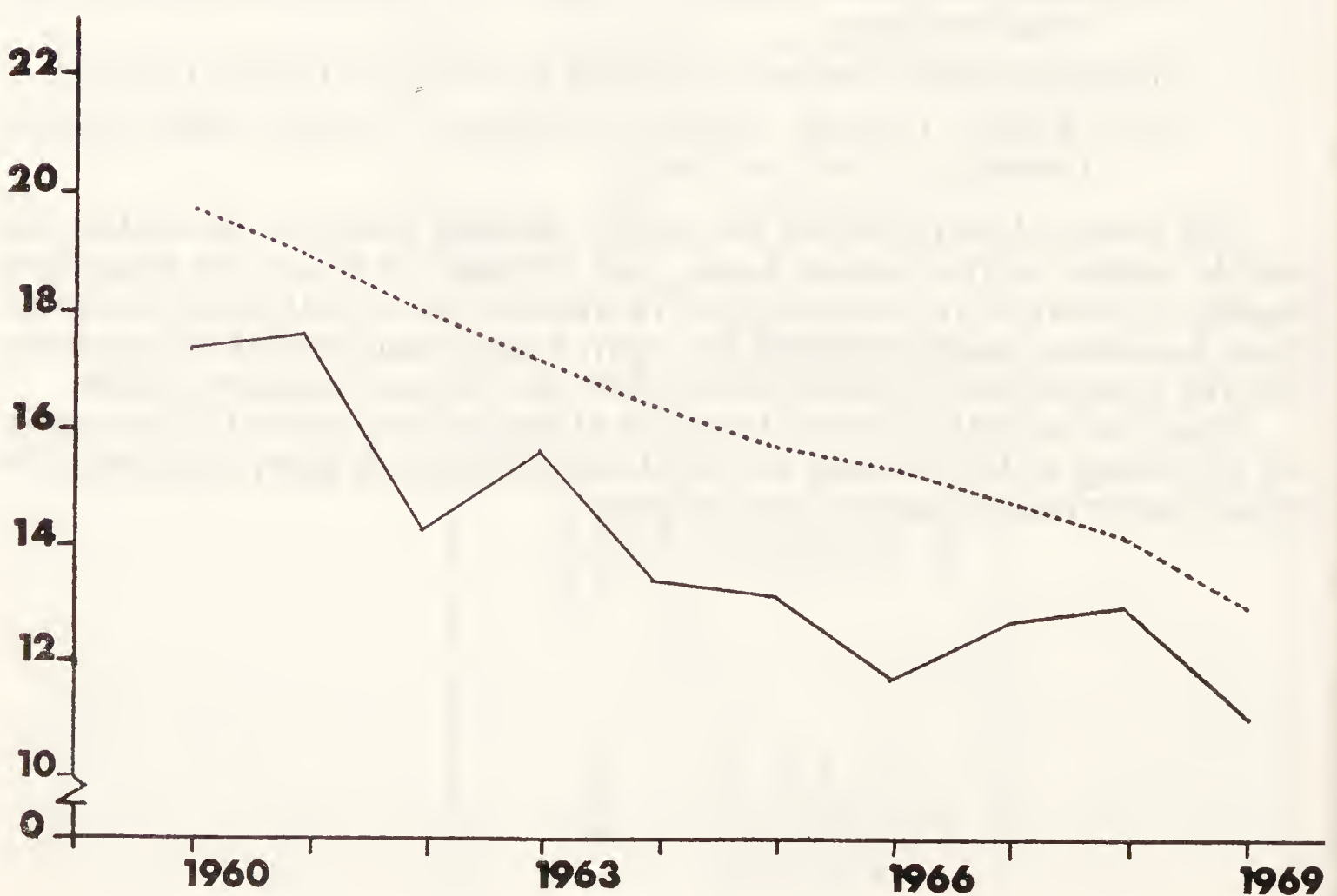
BIRTH AND INFANT MORTALITY STATISTICS, 1960-1969.

———— Hertfordshire      - - - - - England and Wales.

Graph 1.—Live Birth Rate—per 1,000 population.



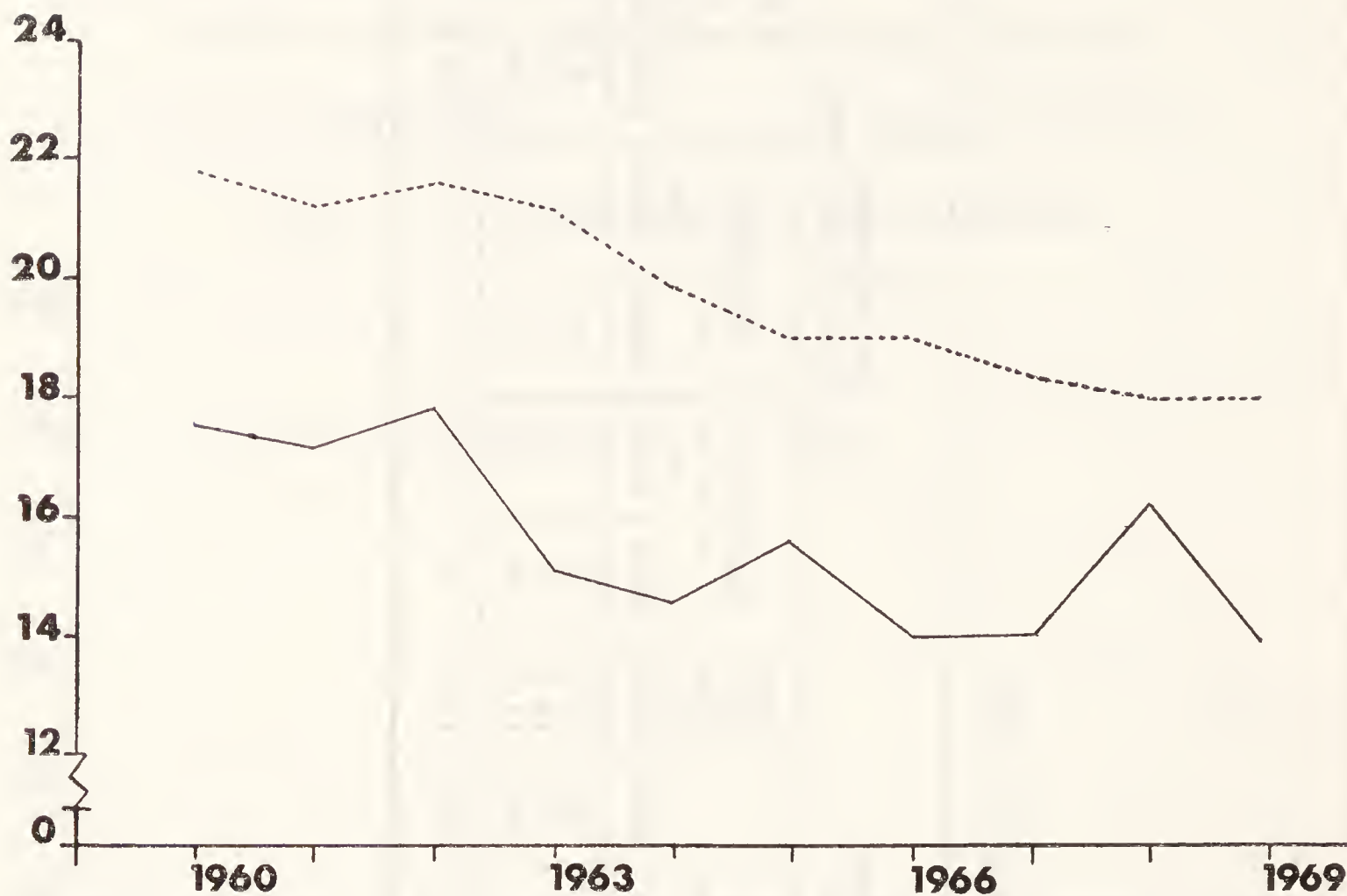
Graph 2.—Stillbirth Rate—per 1,000 births.







Graph 3.—Infant Mortality Rate—per 1,000 live births.



DAY NURSERIES.

The total number of children on the registers of the seven-day nurseries at the end of the year was 375—eight more than last year. Table 12 shows the number and the categories of children at these nurseries. Categories 1–3 account for 76 per cent of the total.

TABLE 11.—CATEGORIES OF CHILDREN IN NURSERIES.

	1969.	1968.	1967.
(1) Children of widows or widowers . . . . .	13	12	18
(2) Children of unmarried mothers . . . . .	119	113	103
(3) Children of deserted wives or husbands . . . . .	153	138	112
(4) Children of parents in prison . . . . .	—	—	2
(5) Children of parents suffering from chronic illness or disablement . . . . .	13	3	3
(6) Children of parents suffering from temporary illness, mother's confinement, etc. . . . .	23	28	22
(7) Children recommended by doctor or health visitor for temporary help . . . . .	42	61	56
(8) Children of essential workers in social services . . . . .	2	3	18
(9) Children living in bad housing conditions . . . . .	9	6	9
(10) Children where there is risk of break-up of family . . . . .	1	3	2
	375	367	345

Six of these nurseries are approved by the Department of Health and Social Security for practical training of nursery nurses, the exception at present is the Noel at Letchworth. Students who attend at the nurseries are based at Ware and St. Albans Colleges of Further Education.

There were 63 nursery nurses, state registered nurses, and nursery assistants employed.

TABLE 12.—INDIVIDUAL NURSERIES' CATEGORIES.

Category.	Noel.	Cole Green.	Chestnuts.	Fleetville.	Bushey.	Watford.	Boreham Wood.
1	1	2	2	1	1	1	5
2	12	9	14	31	15	24	14
3	20	16	19	22	18	34	24
4	—	—	—	—	—	—	—
5	1	—	—	9	2	1	—
6	3	3	—	4	4	4	5
7	2	11	10	5	3	6	5
8	2	—	—	—	—	—	—
9	—	4	2	2	—	—	1
10	—	—	—	—	—	—	1
Total	41	45	47	74	43	70	55

## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

This Act was amended in July, 1968 by the Health Services and Public Health Act which became operative in the following November, and from then on anyone minding one child for two hours or more during the day was required to register as a child minder. The amendments also reduced the maximum number of children a mother could look after in her own home and empowered the Local Health Authority to impose a fine on those who wilfully contravened the Act, and to refuse to register premises if they were not fit to be used for the reception of children. This resulted in a marked increase in applications for registration of privately run playgroups to function in village halls, church halls, and any other available suitable premises, which reflected the growing national demand for facilities for pre-school age children and an increase in both the number of visits paid by nursing officers and health visitors and the amount of time spent in discussing the implications and possibilities with would-be organizers and minders.

Table 13 and Table 14 show the position at 31.12.1969.

TABLE 13.—REGISTRATIONS AND INSPECTIONS.

	1969.	1968.
Persons registered at the end of the year	535	287
Number of children permitted	2,157	2,146
Premises registered at end of year	225	203
Number of children permitted	6,022	5,411
<i>New registrations :</i>		
Persons	384	76
Premises	50	56
Visits by nursing officers (effective)	1,063	555
Visits by health visitors (effective).	3,135	2,471

## UNMARRIED MOTHERS.

The Secretary of the St. Albans Diocesan Council for Social Work reports as follows :—

In some respects there has been a tremendous change in our work over the past five years, and this change has accelerated over the last two years. More and more mothers are choosing to keep their illegitimate children and fewer babies are being placed for adoption—this is reflected nationally and is not confined to Hertfordshire. It is due largely to the fact that parental attitudes have changed and the illegitimate child is more readily accepted into the family home ; it is not because society as a whole has made conditions that much easier for the mother who keeps her child. Very few girls manage to keep their child unless they have family backing and support—the task is altogether too



TABLE 14.—NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.  
Number of Persons and Premises Registered at 31st December, 1969.

Division	Persons caring for children				Premises			
	Sessional		All day		Sessional		All Day	
	No. of persons	No. of children permitted	No. of persons	No. of children permitted	No. of premises	No. of children permitted	No. of premises	No. of children permitted
East	36 (25)	223	81 (78)	123	35 (8)	841	2 (—)	74
Dacorum	21 (7)	173	18 (14)	70	34 (6)	864	— (—)	—
North	33 (15)	286	110 (65)	258	32 (7)	817	3 (—)	115
St. Albans	46 (30)	370	42 (36)	88	35 (11)	1,025	3 (2)	90
Welwyn	14 (6)	70	50 (37)	117	34 (11)	926	— (—)	—
South West	22 (9)	276	62 (62)	103	46 (5)	1,246	1 (—)	24
Total	172 (92)	1,398	363 (292)	759	216 (48)	5,719	9 (2)	303

The number of new registrations during the year is shown in brackets.



formidable to go it alone. The trend towards "keeping" continues and although this is admirable in many ways it can bring with it a great many new hazards for this "at risk" family, and also calls for a great deal of sustained effort on the part of our social workers.

Numbers of new referrals have been decreasing each year. In 1968 there were 450 new illegitimate maternity cases; in 1969 there were 410. On the face of it it appears that the case-loads are getting smaller, but this is not so. In 1969 our social workers were still coping with 200 "old" cases—these were mothers, and their families, who were in need of continual support, or who needed help over a crisis period.

In addition there were also over 100 new cases referred which related in one way or another to illegitimacy. These were mainly people who had kept an illegitimate child and who had not until this point seen a social worker anywhere along the line. They had no knowledge of the practical help that was available; they needed help with finance and with legal matters; emotional problems had sometimes reached their peak; family relationships had finally broken down, and sometimes the mother came with her child, usually between the ages of 6 and 12 months, asking for adoption. Fortunately the request for adoption at this stage was often just a cry for help, and seldom came to the point of separation of mother and child. We were asked repeatedly for help with accommodation from mothers who wanted to leave home with their babies, perhaps after a final breakdown in family relationships, but we were powerless to help in most cases. "Respectable" married couples with children cannot find accommodation, so what chance does a young mother and her illegitimate child stand? This is one of our most pressing needs. If only these people had received help and guidance during the ante-natal period some of these disasters would have been prevented. Apart from the considerable practical help that is necessary, a young mother and her family often need someone from outside to help them to adjust to their new roles, and to the new demands that will be made upon each of them with the introduction of an illegitimate baby into their home.

Our aim is to prevent family breakdown and consequent damage to the illegitimate child. Most people now agree that the standard of infant care is reflected in adolescence and therefore it is vitally important that this most vulnerable section of the community should be protected as far as possible, and that the illegitimate child and his family should receive all the preventive care and help that can be made available to them.

TABLE 15.—PLACE OF DELIVERY.

Mothers delivered in 1969	Hospital	From mother and baby home	Private nursing home	At home, ambulance, etc.
322	251	66	2	3

TABLE 16.—FUTURE OF CHILD.

Mothers delivered in 1969	Kept by mother	Adopted	In care	Died with- in 14 days	Stillborn	Decision pending
322	187	105	6	3	3	18

#### ASSESSMENT UNITS.

The early detection of the physical, mental, and emotional defects of children has been a major function of the work of the medical, nursing, and



health visiting services of the County for very many years. In 1967 the Sheldon Committee recommended that special units should be set up to which children could be referred for more complete assessment. In 1968 at a meeting with the Paediatricians working in Hertfordshire it was decided that units of this kind not only would permit a closer supervision of all handicapped children, but would also provide a means of additional training and support to medical officers and health visitors, particularly in the field of the developmental testing of young children.

As children with handicaps or potential handicaps may be under the supervision of the paediatrician, the family doctor, or the local authority medical officer either individually or *in toto*, it was decided to integrate so far as practicable the hospital paediatric and local authority services in this particular field by extending the role of the paediatrician into local authority clinics. The paediatrician would assume clinical direction of local authority medical and health visiting personnel in selected child health clinics where special arrangements were to be made to screen children suspected of handicap or defect, and by this means ensure that duplication of assessment and conflicting advice were avoided, and that the medical and health visiting staff of the authority had expert advice and consultant opinion readily available. Such an arrangement was to be a supplement and not an alternative to the diagnostic and treatment facilities afforded in paediatric departments of the hospitals to which children requiring further investigation would be referred. Referral to special assessment centres could be made directly by general practitioners or by local authority medical officers in consultation with general practitioners, and the assessment would include paediatric examination and development testing. The Local Medical Committee representing general practitioners in the County gave approval to the scheme and in 1968, Dr. Fagg, Consultant Paediatrician in North Hertfordshire, agreed to initiate experimental schemes on behalf of the local authority in Child Health Clinics in Hitchin and Stevenage.

Dr. Hall in his comments printed at the end of this report gives details of the number of children in attendance during 1969 of the continuing value of this scheme of supervision of children with special problems. During 1969 further discussions took place with other paediatricians in the County and in November, 1969, Dr. Trounce, consultant paediatrician, in the Hertford area agreed to co-operate in a similar arrangement at the new Health Centre in Hoddesdon. It is hoped that during 1970 similar units will be operating in the Hemel Hempstead and St. Albans areas.

In a circular issued in 1968, by the then Ministry of Health, stress was placed on the importance of Hospital Assessment Centres of a multi-disciplinary nature and on the importance of close liaison with local health authorities in their establishment.

#### CHILD DEVELOPMENT CLINICS IN WELWYN GARDEN CITY.

Mrs. Baker, Senior Psychiatric Social Worker, continued to hold Child Development Clinics at three centres in Welwyn Garden City and the statistics of work undertaken at these clinics are as follows :—

#### CHILD DEVELOPMENT CLINIC.

---

Number of cases referred . . . . .	Old cases	47
	New cases	23
		—
		70
		—
Total number of interviews . . . . .		208

---

*Presenting Symptoms.*

Feeding difficulties . . . . .	4
Sleeping difficulties . . . . .	10
Toilet training difficulties . . . . .	8
Aggressive behaviour . . . . .	10
Demanding behaviour . . . . .	12
Withdrawn behaviour . . . . .	8
Babyish speech . . . . .	4
Timidity . . . . .	7
Backward . . . . .	2
Sibling rivalry . . . . .	5
	<hr/> 70 <hr/>

*Source of Referral.*

Health visitors . . . . .	31
A.C.M.O. and D.M.O. . . . .	27
Nursery School . . . . .	1
Child Guidance Clinic . . . . .	2
General practitioner . . . . .	2
Speech therapist . . . . .	4
Self-referred . . . . .	3
	<hr/> 70 <hr/>

*Discharges.*

Transferred to Children's Department. . . . .	3
Transferred to Health Visitors . . . . .	5
Improved . . . . .	26
Advice only . . . . .	1
Lapsed or failed to attend . . . . .	12
Not improved . . . . .	2
Left district . . . . .	2
Transferred to School Psychological Service. . . . .	3
Transferred to Child Guidance Clinic . . . . .	16
	<hr/> 70 <hr/>

## WELFARE FOODS.

TABLE 17.

Commodity	Issues				Totals
	At full price	At reduced price against coupons	Free against coupons	To day nurseries and hospitals	
National dried milk . . . . .	14,252	13,013	1,743	202	29,210
Cod liver oil . . . . .	8,518	—	1,057	18	9,593
Vitamins A and D tablets . . . . .	15,985	—	94	4	16,083
Orange juice . . . . .	351,725	—	5,251	2,254	359,230

Number of Distribution Centres 154

I must once more express my indebtedness to those people who have continued to sell welfare foods on a voluntary basis. They include members of the W.R.V.S., voluntary workers at clinics and shopkeepers.

There was a marked reduction in the number of issues of national dried milk during the year but this was more than offset by the increased issues of orange juice.



## HEALTH VISITING.

There were 164 health visitors employed, representing the equivalent of 89·03 full-time, and in addition there were 5 full-time tuberculosis visitors. To assist the health visitors 64 part-time state registered nurses were employed.

Fourteen nurses who were sponsored by this authority for health visitor training completed the course during the year, and a further 21 commenced training. The majority of these students attended the Stevenage College of Further Education ; others attended at various colleges in the country.

There were 17 fieldwork instructor health visitors who assisted in the practical training programme.

*Refresher Courses and In-Service Training.*

It is the policy to let health visitors attend referresher courses organized by other bodies outside the County and in 1969, 12 attended these.

In addition courses were run in the County for training in the Ascertainment of Hearing by Dr. Bickerton, audiologist, and there were mental health seminars at Napsbury Hospital under the guidance of Dr. Paterson and other psychiatrists. A series of six study afternoons on various health subjects took place ; expert medical and other speakers were engaged in the programmes.

TABLE 18.—HEALTH VISITORS ATTENDANCES AT CLINIC SESSIONS AND INSTRUCTIONAL CLASSES.

	1969.	1968.	1967.
Child Welfare Centres . . . . .	11,169	11,337	10,842
Ante-Natal and Post-Natal Clinics . . . . .	231	316	293
Tuberculosis Clinics . . . . .	977	858	872
Mothers' Clubs and instructional classes . . . . .	765	887	1,105
Day Nursery Medical Inspections . . . . .	41	38	39
	<hr/> 13,183	<hr/> 13,436	<hr/> 13,151
Case conferences . . . . .	413	594	793
Meetings and lectures attended . . . . .	2,371	2,760	3,158

## HEALTH VISITORS—CHILD DEVELOPMENT TESTS ASSESSMENT UNITS.

In parts of Dacorum, North, and East Herts divisions health visitors have been initiated in the carrying out of special tests to ascertain a child's development. The children who have not reached a certain standard of development are referred to a Medical Officer in Department who would, if necessary, refer to a consultant paediatrician.

## LIAISON WITH OTHERS.

Health visitors continued to have a liaison with hospitals in the following specialities : paediatrics, midwifery, geriatrics, and venereology, by attending hospitals' outpatient clinics.

At the beginning of 1969 the attachment of health visitors, nurses, and midwives to general medical practices became fully operational. As may be expected the value to children, their parents, patients, the doctors, and nursing staff is more effective in some practices than others, and depends upon various factors. Mutual appreciation of both doctors and nursing staff functions should make the partnership more beneficial to all concerned.

Where the general medical practice is large enough to warrant the attachment of six or more nursing staff, one member of the nursing team acts as a co-ordinator.



## NURSING STAFF—SURVEYS AND CAMPAIGNS.

All nurses, midwives, and health visitors are called upon to assist with national and departmental surveys from time to time. In 1969 they gave help with studies or campaigns in connection with geriatrics, dental health, accidental hypothermia, mental health, and maternity services.

All staff were involved in a special study of the domiciliary nursing service in February. The aims of the survey were firstly to establish the exact field of work of the health visitor, health visitor assistant, district nurse, midwife, and the state enrolled district nurse, and their relationship with certain other agencies. Secondly, to measure the amount of time spent on specific services and thirdly, to determine to what extent the duties of each nurse made full use of her professional skills. The results of the survey were not fully completed at the end of the year, but it was clear that the information made available would necessitate action to ensure that the nurses skills were used to better advantage.

*HOME NURSING.*

There are 58 full-time, 170 part-time nurses, and 15 state enrolled nurses employed in home nursing duties representing a full-time equivalent of 141.44 nurses. There are 5 male nurses included in this number.

TABLE 19.—TYPES OF CASES AND VISITS PAID.

	1969			1968			1967		
	Cases	No.	%	Cases	No.	%	Cases	No.	%
Medical . . .	10,221	268,013	78.3	10,126	270,356	82.1	9,903	254,615	82.2
Surgical . . .	2,717	71,098	20.7	2,259	56,071	17.0	2,390	51,594	16.6
Infectious diseases . . .	26	87	0.02	34	58	0.02	28	78	0.03
Tuberculosis . . .	36	885	0.26	52	1,111	0.3	34	1,316	0.43
Others . . .	542	3,407	0.9	578	1,671	0.5	671	1,862	0.6
Total . . .	13,542	343,400	100	13,049	329,267	100	13,026	309,465	100

The number of patients nursed in the year was 13,542 of whom 7,376 were over the age of 65 years. This age group (54.4 per cent of patients) accounted for 214,027 visits ; this was 62.3 per cent of the total visits to all patients. There was a 3 per cent increase in the number of surgical patients nursed, probably due to the arrangements gradually being made for these patients to be discharged earlier from hospital to the care of the district nurse and general medical practitioner.

Apart from the work carried out in patients' homes, nurses attend treatment and other specialized sessions which are held by many of the general medical practitioners in their surgeries in the same way as health visitors and midwives, nurses are now attached to group medical practices.

*Night Nursing.*

The state enrolled nurses employed are required to give night nursing attention to patients if required. In the year, 53 patients were attended for 159 nights.



### *Refresher Courses.*

Four nurses attended courses organized outside the County.

### *Nursing Homes.*

There are 12 registered nursing homes, which cater for 6 maternity and 213 medical, surgical, and chronic sick patients. These homes are inspected at regular intervals by the nursing officers. Thirty-eight private homes for the elderly, registered under the National Assistance Act were also inspected by the nursing officers.

### *District Nurse Training.*

The training of state registered nurses in the techniques and practice of district nursing, continued in 1969. Two courses were run and 30 students attended, of whom 7 were from other local health authorities. All students took the National Examination and 28 passed at the first attempt, one at the second, and one did not re-sit.

## VACCINATIONS AND IMMUNIZATIONS.

Table 22 gives details of the year's immunizations and vaccinations. The division of figures between general practitioners and county clinics is no longer given as the ratio remains more or less constant. An examination of the current consents shows that 42 per cent of parents prefer to take their children to their family doctor for immunizations.

The apparent drop in the number of injections given in 1969 is due to the re-timing of the doses according to the latest recommendations of the Department of Health and Social Security. Instead of three primary doses of triple and poliomyelitis vaccine in the first six months of life followed by a booster at eighteen months, children are now normally given only three doses at 6, 8, and 13 months. (Some doctors prefer to give these doses at 3, 5, and 11 months.)

The acceptance of measles vaccination is fairly low. Early in the year there were reports of suspected severe reactions to the vaccine, and this naturally made many parents reluctant to let their children be vaccinated. The resistance is now noticeably less, but the acceptance rate is still only about 30 per cent.

All the county's clinics are now receiving computer appointments, and just over half the general practitioners are participating in the scheme.

In Hertfordshire, the percentage of children protected against infectious disease by immunization and vaccination has for a number of years been well above national average. At the end of 1969, the percentage of Hertfordshire children under 2 years of age afforded protection against whooping cough, diphtheria, poliomyelitis, and smallpox and the corresponding figures for England and Wales are as follows :—

TABLE 20.

	Children born in 1967			Children born in 1968			
	Whooping Cough	Diphtheria	Polio-myelitis	Whooping Cough	Diphtheria	Polio-myelitis	Smallpox (children under 2)
Hertfordshire	90	92	91	82	84	85	50
England and Wales	81	83	80	66	67	65	31



District	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Malaria	Undulant Fever	Infective Jaundice	Leptospirosis	Tuberculosis		Scabies	Totals for Districts
			Paralytic	Non Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary		
Boroughs—																											
1 Hemel Hempstead	1	2	—	—	124	—	—	5	—	—	—	1	—	—	3	5	—	—	—	1	—	7	—	4	1	—	154
2 Hertford	—	—	—	—	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	7	—	—	44	
3 St. Albans	21	1	—	—	48	—	—	27	—	—	—	—	—	—	—	14	—	—	—	—	6	—	10	—	—	127	
4 Watford	21	1	—	—	229	—	—	63	—	—	—	—	—	1	1	37	—	—	—	1	—	15	1	29	8	—	408
Totals Boroughs	43	4	—	—	434	—	—	95	—	—	—	1	1	1	4	56	—	—	—	—	2	32	1	50	9	—	733
Urban—																											
1 Baldock	1	1	—	—	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	44
2 Berkhamsted	—	—	—	—	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	48
3 Bishop's Stortford	3	—	—	—	20	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	27
4 Bushey	4	—	—	—	67	—	—	41	—	—	—	—	—	—	—	31	—	—	—	—	—	4	—	4	1	—	155
5 Cheshunt	23	—	—	—	111	—	—	4	—	—	—	—	—	—	1	15	—	—	—	—	—	5	—	8	—	—	152
6 Chorleywood	—	2	—	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
7 Harpenden	1	—	—	—	8	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	3	—	—	14
8 Hitchin	2	—	—	—	79	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	85
9 Hoddesdon	4	—	—	—	22	—	—	12	—	—	—	—	—	—	—	7	—	—	—	—	—	6	—	2	1	—	54
10 Letchworth	3	—	—	—	245	—	—	5	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	3	2	—	260
11 Potters Bar	9	—	—	—	4	—	—	4	—	—	—	—	—	—	1	10	—	—	—	—	—	—	—	10	1	—	22
12 Rickmansworth	—	—	—	—	33	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	66
13 Royston	1	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
14 Sawbridgeworth	—	—	—	—	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
15 Stevenage	24	—	—	—	434	—	—	15	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	8	1	—	507
16 Tring	5	2	—	—	17	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	2	1	—	30
17 Ware	3	—	—	—	83	—	—	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	1	—	—	90
18 Welwyn Garden City	9	—	—	—	43	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	3	—	5	1	—	63
Totals Urban	92	5	—	—	1,306	—	—	93	—	1	2	3	—	—	4	69	—	—	—	—	—	58	—	51	11	—	1,696
Rural—																											
1 Berkhamsted	—	—	—	—	29	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	29
2 Braughing	5	—	—	—	19	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	12	—	—	—	—	38
3 Elstree	15	19	—	—	135	—	—	15	—	—	—	—	—	—	—	10	—	—	—	1	—	18	—	7	1	—	213
4 Hatfield	10	9	—	—	59	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	7	—	10	1	—	—	109
5 Hemel Hempstead	1	—	—	—	16	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	1	—	—	20
6 Hertford	1	—	—	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	18
7 Hitchin	4	—	—	—	34	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	47
8 St. Albans	13	6	—	—	24	—	—	46	—	—	—	—	—	—	1	9	—	—	—	—	—	13	—	7	1	—	120
9 Ware	4	—	—	—	24	—	—	4	—	—	—	—	—	—	1	4	—	—	—	—	—	5	—	2	1	—	40
10 Watford	17	2	—	—	110	—	—	118	—	—	—	—	—	—	3	42	—	—	—	2	—	8	—	6	1	—	310
11 Welwyn	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	5
Totals Rural	70	36	—	—	465	—	—	193	—	—	—	—	—	—	6	66	—	—	—	3	—	64	—	38	6	—	949
Totals County	205	45	—	—	2,205	—	—	381	—	1	2	4	4	1	14	191	—	—	—	5	—	154	1	139	26	—	3,378

The mortality figures resulting from the infectious diseases will be found in Table 2.

TABLE 22.—IMMUNIZATIONS AND VACCINATIONS.

Immunizations	1969	1968	1967	1966
SMALLPOX.				
Primary . . .	11,083	11,267	10,811	11,086
Re-vaccination . . .	1,171	1,019	768	1,149
Totals . . .	12,254	12,286	11,579	12,235
DIPHTHERIA.				
Primary doses . . .	6,886	15,665	14,122	13,930
Reinforcing doses . . .	21,771	20,786	20,894	19,611
Totals . . .	28,657	36,451	35,016	33,541
WHOOPING COUGH.				
Primary doses . . .	6,446	14,121	13,494	13,346
Reinforcing doses . . .	12,515	11,622	11,820	10,696
Totals . . .	18,961	25,743	25,314	24,042
TETANUS.				
Primary doses . . .	7,339	15,118	14,533	14,421
Reinforcing doses . . .	22,645	22,061	21,702	19,789
Totals . . .	29,984	37,179	36,235	34,210
POLIOMYELITIS.				
Primary doses . . .	7,620	16,188	15,597	16,409
Reinforcing doses . . .	21,959	19,840	16,898	12,751
Totals . . .	29,579	36,028	32,495	29,160
MEASLES . . .	10,430	12,981	—	—

## CARE AND AFTER-CARE.

## TUBERCULOSIS.

The rise in the number of notifications during 1968 was not continued during this past year, and the figures for both pulmonary and non-pulmonary infections were down to approximately those of 1967. Though the infectivity of cases was still only of importance with a proportion of the total notified, the need for early diagnosis cannot be over-emphasized so that all cases can be brought under control as soon as possible and given the necessary treatment. It must, however, be remembered that the smaller number of infective sources in the community the fewer are the opportunities of developing a natural resistance to the disease and thus it is of the greatest importance that the younger members of the community are vaccinated with B.C.G. vaccine against the disease. The local authority's scheme offers vaccination to entrants into the secondary schools and also to others in the schools and colleges who have not been previously tested or are found on testing to be susceptible to tuberculosis. The reports which the chest physicians have kindly given show the increasing number and variety of chest conditions which have been given care and treatment through their clinics.



TABLE 23.—B.C.G.

	<i>Schoolchildren approximately 13 years of age.</i>	<i>Students attending Further Education establishments.</i>
1. Skin tested . . . . .	22,382	—
2. Positive reactions :		
(a) In children and students who had already received B.C.G. vaccination but more than five years previously . . . . .	1,030	—
(b) In children and students who had not previously been vaccinated . . . . .	519	—
3. Negative reactions . . . . .	19,828	—
4. Vaccinated . . . . .	19,828	—

TABLE 24.—NOTIFICATIONS OF PULMONARY AND  
NON-PULMONARY TUBERCULOSIS.

	1969				1968				1967			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . . . .	65	36	101	0·16	80	43	123	0·19	66	38	104	0·17
Rural . . . . .	23	15	38	0·13	43	19	62	0·23	20	14	34	0·13
County . . . . .	88	51	139	0·15	123	62	185	0·21	86	52	138	0·16
<i>Non-Pulmonary.</i>												
Urban . . . . .	8	12	20	0·03	11	18	29	0·04	6	12	18	0·03
Rural . . . . .	1	5	6	0·02	2	6	8	0·03	6	5	11	0·04
County . . . . .	9	17	26	0·03	13	24	37	0·04	12	17	29	0·03
<i>Pulmonary and Non-Pulmonary</i>												
Urban . . . . .	73	48	121	0·19	91	61	152	0·24	72	50	122	0·20
Rural . . . . .	24	20	44	0·16	45	25	70	0·26	26	19	45	0·17
County . . . . .	97	68	165	0·18	136	86	222	0·25	98	69	167	0·19

*Report of Dr. N. MacDonald, North Herts Division:—*

New notifications in 1969 totalled 22 (non-respiratory 7) as compared with 32 (non-respiratory 5) in 1968. Of the new pulmonary cases only 6 were sputum positive, and most of the new notifications were due to breakdown of old-standing lesions. This confirms the trend of recent years with tuberculosis very much less of a problem than it was even a decade ago.

Chronic bronchitis, though less prevalent than in built-up industrial areas, is still a problem but there is a growing realization, albeit slow, of the dangers associated with cigarette smoking, and patients now more readily accept advice to give up the habit. Unfortunately the increase, post-war, in smoking amongst women is now beginning to be reflected in a higher death rate from bronchial carcinoma. Whereas in 1965 only 3 women in the area died from this condition, in 1969 the total was 15.

Asthma continues to account for a large proportion of attendances at the Clinic. The introduction of a new drug, "Intal", has helped, particularly the younger age groups, but many of the older patients have still to be sustained on Steroid therapy.

At the very end of the year a sharp outbreak of influenza resulted in a number of deaths amongst older patients with chronic respiratory disease. All the younger patients, although a few were severely ill, made good recoveries.

The total attendances (6,222) showed a small decrease as compared with 1968 (6,298). The number of new cases seen increased from 871 in 1968, to 916 in 1969.

*Report of Dr. J. C. Roberts, Dacorum Division:—*

The pattern of the chest clinic work is following the usual trend. There



has been an increase in the number of non-tuberculous patients referred. It is, however, worth noting that we have had 11 new cases of tuberculosis during the year from 9 of which we were able to obtain tubercle bacilli.

The number of patients on the Tuberculosis Register has shown a decline as we continue to "recover" patients whose disease we consider cured.

The total attendances during the year has gone down a little from 3,292 in 1968 to 3,178 in 1969, the tuberculosis attendances having dropped from 1,953 to 1,670. The non-tuberculous patients attending have risen from 1,339 in 1968 to 1,508 in 1969. And it will be appreciated that this alteration involves more work.

We now no longer have a Tuberculosis Health Visitor attached to the clinic. This work is now being done by the health visitors on the staff of the Divisional Medical Officer. This arrangement has proved very satisfactory.

The Mass Radiography Unit has been of great value, particularly because the X-ray facilities at the West Herts Wing of the Hemel Hempstead General Hospital are under constant pressure and are inadequate for the work required of them.

*Report of Dr. T. A. W. Edwards, St. Albans and Mid Herts areas:—*

Thirty-one new cases of pulmonary tuberculosis were diagnosed during 1969 but of these only eight were sputum positive and of these only three were positive on smear.

Immigrants are not a large problem in this area and of these 31 cases one was a West Indian, one from Kenya, and one family of three, mother and two children, came from Hong Kong.

Seven of these 31 cases were under the age of 20, all except one being contacts. The other case, a boy of 15, was known to be tuberculin positive at the age of 2 and had three clear X-rays in 1965. He has now developed a small pulmonary lesion and has, in addition, Addison's disease.

During the year the employees of a shop in St. Albans were examined as contacts, also workers in a Ministry office and the children at a school for backward children. Of about 80 tested only one boy of 11 had a positive tuberculin test and his X-ray is quite normal. This was the only positive finding in contact examination of groups.

Group contact examination involves a great deal of work, particularly for the health visitor, and I am increasingly doubtful as to whether it is worthwhile, except where the diagnosed case is found to be highly infectious or to have been in close contact with children or young people. With the proposed phasing out of Mass Radiography it will, in fact, become impossible to examine large numbers of works contacts unless a Mobile Unit is available for this purpose as hospital X-ray departments could not cope with the numbers and in any case employers would not be willing to let large numbers of employees have time off to attend hospital.

Non-tuberculous chest condition, particularly chronic bronchitis, asthma, and carcinoma of lung, continue to take up a large amount of time. It is my impression that we are seeing more cases of asthma, particularly those developing quite late in life, for the first time, and many of these are severe and difficult to treat. Whether this is a true increase or not I cannot say, it may merely be that more patients are being referred with asthma because of our known interest in this condition.

*Report of Dr. A. Pines, East Herts :—*

*Hertford Chest Clinic, 1969*

Whereas in previous years the Chest Clinic covered mainly Tuberculosis, this is how only one aspect of our work which deals with a variety of Chest and Heart diseases.



The actual attendance figures have not altered noticeably from 1968, but the volume of work involved with investigations and treatment of these patients continues to increase.

During 1969, 2,263 patients attended the Hertford Clinic, 285 of whom were seen for the first time. Of these, 49 required immediate admission to hospital. The Mass Radiography Unit referred 30 patients, and of these 4 were found to have carcinoma, 4 active tuberculosis, and one case of sarcoidosis.

A total of 16 new cases of tuberculosis were diagnosed, 6 having positive sputa. One hundred and eighty-two new and 149 old contacts were examined ; one of the latter has now been diagnosed as having active disease.

The number of newly diagnosed cases of carcinoma has increased from 26 last year to 32, some of whom have received deep X-ray or surgical treatment.

Twenty-six schoolchildren were X-rayed following positive Heaf tests, and 3 are being kept under observation.

1,796 old patients were followed up, 439 being old tuberculous cases, but the majority of the remaining 1,208 were chronic bronchitics requiring treatment and advice. The past winter with the 'flu epidemic has been particularly difficult for these patients, many of whom required hospital admission.

#### *Bishop's Stortford Chest Clinic, 1969.*

One thousand and five patients were seen during 1969. Of these 127 were new to the clinic. There were 13 cases of tuberculosis of which 6 had been diagnosed previously elsewhere and had then moved into our area. There were 3 definite and 1 suspected new cases of carcinoma of the lung, 21 cases of bronchitis, and 6 of asthma. Twenty schoolchildren were X-rayed following positive Heaf tests and of these 11 needed no further follow up.

Thirteen new patients were referred by Mass Radiography Units and of these, 5 had no abnormality detected on further X-ray. Two were diagnosed as having tuberculosis and the other 6 were investigated and treated for various other diseases.

There were 56 new contacts during the year, and 21 of these were X-rayed, 20 had Heaf tests and 15 were given B.C.G. vaccination.

Of the 878 old patients, 140 were T.B. contacts, 239 were cases of tuberculosis still under treatment or observation and 499 were being followed up for non-tuberculous diseases.

Forty-nine patients were admitted to either Herts and Essex or Ware Park Hospital during the year.

#### *Report of Dr. P. W. Roe and Dr. J. H. Angel, South-West Division:—*

New notifications of tuberculosis rose to a small peak in 1968 at 65 new cases, ten more than the lowest ever recorded in South West Herts in 1965. In 1969 the new notifications fell back to 61 new cases. Those in whom there was a positive sputum rose to 34 cases in 1969 compared with only 20 cases in 1965. There were 14 immigrants among the new cases in 1969, which is double the number notified in 1965. The immigrant community is now taking an established shape within the area and the attendant problems, largely a matter of communication through language and custom barrier, are being studied with the help of the county health department.

The number of persons under regular supervision for tuberculosis has fallen from 2,544 on December 31st, 1967, to 2,204 on December 31st, 1969. The percentage of patient attendances for medical chest disease has risen from 35 per cent in 1967 to 41 per cent in 1969. The pattern continues to be one of difficult infectious cases occurring from time to time with a whole family infected with tuberculosis and a large number of relatives and friends to be seen as contacts. The larger number of complete immigrant families residing in the area from countries where tuberculosis is an endemic disease also increases the

work load of the health visitors and social worker who continue to be usefully employed on the preventive work necessary for adequate control of the disease in the community.

*Report of Dr. A. G. Hounslow, Barnet area:—*

In addition to comprehensive tables of statistics, I make the following comments.

The general volume of work is substantially unchanged compared with 1968 and the ratio of tuberculosis to non-tuberculosis work seems to have settled to a steady figure (approx. 55 : 45).

The smaller number of patients with malignant disease is gratifying, although it remains to be seen whether this trend will continue.

It is gratifying to note the decline in new notifications, particularly in the younger age-groups. Of 34 true new cases (i.e. excluding Shenley Hospital, relapsed, recovered, known lesions, and 3 not-confirmed cases) 10 were immigrants.

The relapse of seven patients previously "recovered" is somewhat disappointing, but as in previous years none of these patients had received adequate chemotherapy by modern standards.

It is disturbing, in these days of pasteurized milk, to find a continued rise in the number of new non-respiratory notifications, but 5 of the 12 cases discovered were immigrants and may have been infected before arrival in this country.

#### CONTACT EXAMINATION.

The number of contact examinations made (175 initial, 342 repeat) was very similar to 1968, but these examinations were less rewarding, bringing to light only three new cases (two on initial and one on follow-up examination). Details of the three patients are as follows :—

- |                              |   |                                                                                                                                                                                                                            |
|------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Seven years of age .      | } | X-rayed as contacts of a sputum positive friend of family.                                                                                                                                                                 |
| 2. Four years of age .       |   | Both found to have enlarged hilar shadows and strongly tuberculin positive.                                                                                                                                                |
| 3. Twenty-two years of age . |   | Wife careless about her chemotherapy, relapsed with a positive sputum after having been rendered negative twelve months before. The husband, whose initial X-ray had been normal, now had a lesion in the left upper zone. |

#### B.C.G. VACCINATION.

One hundred and twenty-five persons received B.C.G. vaccination, as follows :—

For local authorities (Form B.C.G.8A).

	<i>Contacts.</i>	<i>Schoolchildren.</i>	<i>Total.</i>
Hertfordshire . . .	22	7	29
Borough of Barnet . .	57	39	96
	—	—	—
Total	79	46	125
	—	—	—

*Dr. Rhys Jones (Cheshunt Clinic):—*

In 1969 there were 1,619 attendances by Hertfordshire patients—a number approximating to that of 1968. There were 21 new cases of pulmonary tuberculosis of whom 10 received treatment and 4 had positive sputum. Six schoolchildren had positive Heaf tests, and there were 85 new cases which were non-tuberculous. Included in the 10 cases that received treatment, were a young man and his wife ; their two children also showed tuberculin conversion and received chemoprophylaxis. Overall, the attendance figures at the clinic remain stationary.

In view of the uncertainty of the future of Mass Radiography, it is of



interest to note that a static unit was established in Cheshunt in April, 1969, and 25 cases were referred to this clinic, the following abnormalities being found :—

Pulmonary tuberculosis . . . . .	4 (1 active, 3 inactive)
Hypertension . . . . .	3
Sarcoidosis . . . . .	4
Bacterial and viral pneumonia . . . . .	5
Carcinoma of the bronchus . . . . .	2
Bronchiectasis . . . . .	1
Minor and miscellaneous abnormalities . . . . .	6

### CONVALESCENCE.

Convalescence after illness or accident is a small but not unimportant part of the County Council's after-care services. The majority of patients sent away for recuperative holidays are old people suffering from various chronic illnesses, and recommended by their doctors or by the hospital staff. The home conditions of a number of the aged in the population do not always render it advisable for direct discharge from a hospital bed, nor can all those remaining at home during a breakdown in health resume their ordinary daily work without a period of recuperative care which is available in Convalescent Homes.

Many requests are received from households where a handicapped member is having devoted care so that a respite of one kind or another can be given to the family. It is unfortunate that, although on occasion it is possible to admit a severely handicapped person to a hospital for short-term care, there is still a great shortage of suitable accommodation both in hospitals and in Convalescent Homes. Reservations, therefore, for the more usual seasons of the year have to be made many months beforehand.

Table 25 gives the details for 1969.

TABLE 25.

	1969.	1968.
Applications received from :—		
General practitioners . . . . .	383	420
Hospitals . . . . .	32	32
Chest clinics . . . . .	10	8
	— 425	— 460
Patients who were not acceptable for this scheme of the County Council . . . . .	25	20
Patients for whom no vacancy could be obtained owing to their condition . . . . .	10	9
Cancellations by applicants . . . . .	105	115
	— 140	— 144
Number sent to—The Hertfordshire Convalescent Home . . . . .	153	165
Other Homes . . . . .	132	151
	— 285	— 316

### AMBULANCE SERVICE.

1. The County Council has always endeavoured to maintain a high standard of efficiency in its ambulance service, particularly with regard to the training of ambulance staff and in the scale and quality of ambulance vehicles and equipment provided. The Ambulance Brigade Training School has been operating for a number of years which all recruits are required to attend and also established staff for periodical refresher courses.

Following publication of the Ministry of Health Working Party Report in 1967 and the subsequent setting-up of a number of selected Regional Ambulance Training Schools throughout the country, the ambulance service has been

further developed by implementation of the following recommendations from 1st April, 1969.

(a) *Training.*

All new recruits to the service now attend a six-week Regional Ambulance Training Course in Surrey in addition to their two-week induction course at the Brigade Training School at Hertford. Staff with between two and five years service are attending a two-week Proficiency Course at Brigade Headquarters. Staff with over five years service also attend for refresher courses.

(b) *Equipment.*

New ambulances are now equipped with a trolley cot type of stretcher bed instead of the familiar stretcher.

All ambulances now carry a bag type Resuscitator in addition to oxygen resuscitating equipment. The replacement of the freeflow type of oxygen apparatus with a positive pressure type of improved design has been phased over a five year programme.

An Ambulance Service Advisory Committee has now been formed to advise on all ambulance service matters.

2. There has been a further increase in the demand on the Ambulance Service compared with last year. The increase in the number of patients carried was 6,879.

The graph on page 39 shows the demand on the service during the last ten years compared with the growth of population. Details of the number and classification of patients conveyed each year over the same period are shown in Table 27 and the number of patients carried per thousand population are given in Table 28.

During 1968, the number of patients carried by the directly provided service showed an increase of 1.54 per cent with an increase in mileage of 0.61 per cent. In 1969 the number of patients carried shows an increase of 0.51 per cent with a decrease in mileage of 0.40 per cent.

Table 26 shows the number of patients carried and the mileage involved in respect of the directly provided service, Hospital Car Service, and Agency Services for the years 1968 and 1969.

TABLE 26.

	1968	1969	Increase or decrease	
<i>Patients.</i>				
Directly provided service . . . . .	333,438	335,123	Increase	1,685
Hospital car service . . . . .	26,921	29,623	Increase	2,705
Isolation ambulance . . . . .	281	61*		
Agency (Garston Manor Rehabilitation Centre vehicle) . . . . .	2,693	5,405	Increase	2,712
<i>Mileage.</i>				
Directly provided service . . . . .	2,114,909	2,106,460	Decrease	8,449
Hospital car service . . . . .	601,845	628,923	Increase	27,078
Isolation ambulance . . . . .	1,256	390*		
Agency (Garston Manor Rehabilitation Centre vehicle) . . . . .	7,232	10,745	Increase	3,513

\* Ambulance withdrawn from Isolation Hospital in March, 1969, and put back into general service since when all infectious removals in Watford area have been dealt with by the directly provided service.



GROWTH IN AMBULANCE SERVICE FOR LAST TEN YEARS—COMPARED TO GROWTH IN POPULATION.

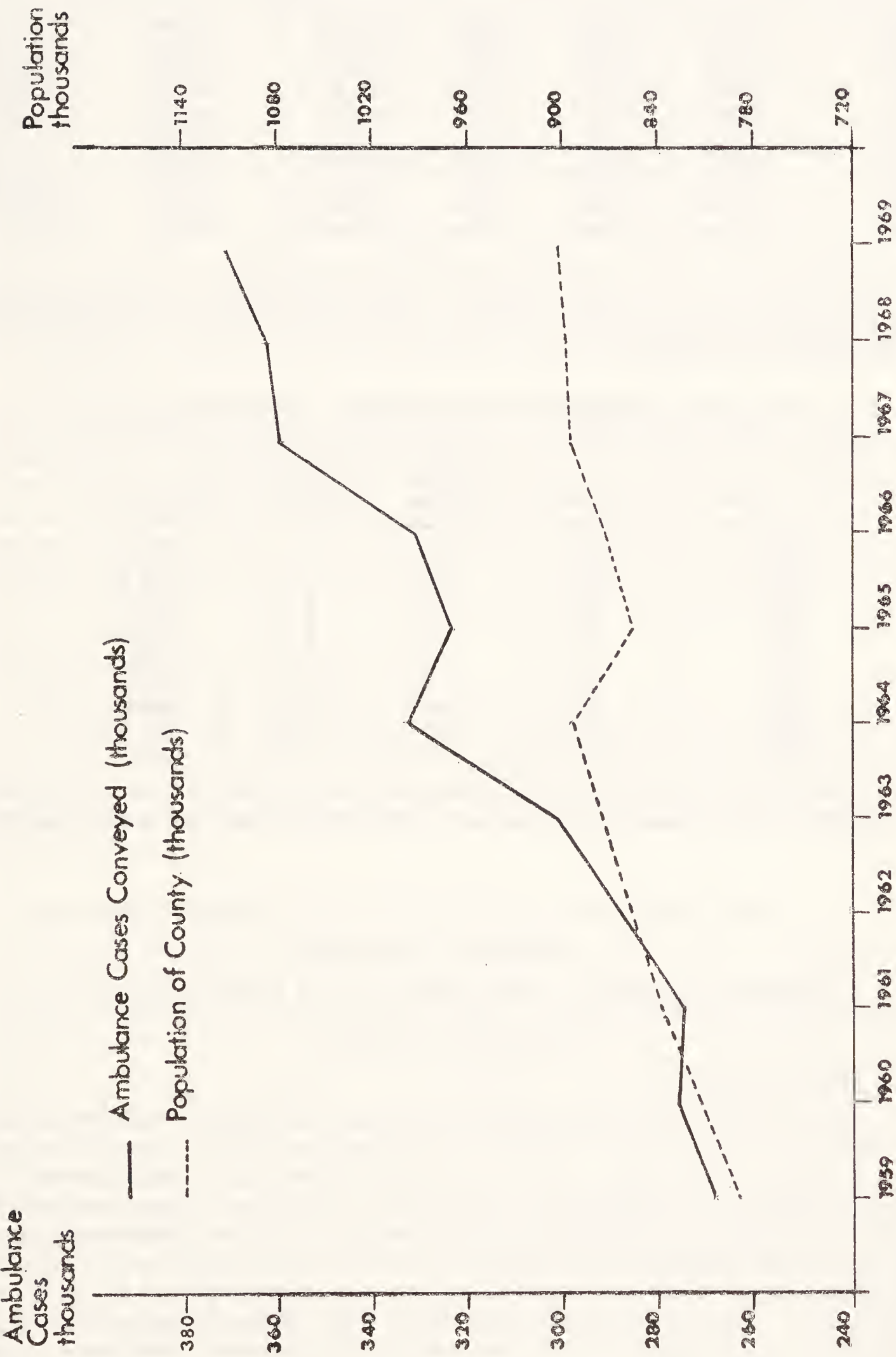


TABLE 27.

Year	Accidents	Sudden illness	Maternity removals	Removals	Hospital Car Service removals	Total cases
1960 .	6,840	1,995	3,810	238,500	25,248	276,393
1961 .	7,415	2,175	3,620	238,125	23,865	275,200
1962 .	7,209	2,503	3,754	248,660	24,480	286,606
1963 .	7,874	2,795	3,704	266,373	31,558	312,304
1964 .	8,328	2,936	3,713	285,388	34,312	334,677
1965 .	8,651	2,838	3,423	279,258	29,891	324,061
1966 .	8,613	3,080	3,163	288,360	28,128	331,344
1967 .	8,405	3,401	3,203	315,491	27,386	357,886
1968 .	8,369	3,808	3,506	320,729	26,921	363,333
1969 .	8,978	4,269	3,378	323,694	29,623	370,212

*N.B.*—The figures shown in “ Removal ” column include isolation hospital removals and from Garston Manor Rehabilitation Centre removals undertaken by their own vehicle under agency arrangements.

TABLE 28.—PATIENTS CONVEYED PER 1,000 POPULATION.

Year	Accidents	Sudden illness	Maternity removals	Removals *
1960 . .	8.5	2.5	4.7	327.2
1961 . .	8.9	2.6	4.3	313.0
1962 . .	8.4	2.9	4.4	318.6
1963 . .	8.1	3.2	4.2	340.9
1964 . .	9.3	3.3	4.2	358.3
1965 . .	9.9	3.2	3.9	355.9
1966 . .	9.9	3.5	3.6	362.9
1967 . .	9.5	3.9	3.6	388.8
1968 . .	9.4	4.3	3.9	389.5
1969 . .	9.9	4.8	3.7	391.4

\* *N.B.*—This column includes removals and H.C.S. removals shown in Table 27.

## ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

This report deals with the work of the County Health Inspector.

### MILK AND DAIRIES.

#### *(a) Infection in Milk.*

As I reported last year, milk samples are no longer examined for the presence of tubercle bacilli. This is not only because of the rarity of the disease now in dairy cattle, but is also due to the fact that we no longer have Public Health Laboratory facilities for the wholesale biological examination of milk samples which necessitates the use of guinea-pigs. Similarly, guinea-pigs are no longer used for testing for the presence of the organism *brucella abortus* in milk samples. This method of examination has now been replaced by the “ milk ring test ”. Unfortunately, this test can be affected by the presence of agglutinins in the milk which may be the result of inoculation of adult cattle against the disease. False “ positives ” may result and there seems to be no reliable substitute for the full biological test. Owing to the intermittent excretion of the organism and to the difficulty in obtaining results by cultural methods, we are forced to take full note of the results produced by the milk ring test and to notify farmers and district medical officers of health accordingly. As the practice of inoculating adult cattle with strain 19 is abandoned, presumably results of the ring test will carry more weight.



The county council's milk sampling officers submitted 993 samples for ring test examination during the year of which 138 were positive. Many of these samples were group samples taken in an effort to locate infection among dairy cattle and also at the request of farmers. Unfortunately unless a farmer is sufficiently conscientious to ensure that animals which appear to be infected are sent for slaughter (there may be a considerable financial loss in doing this), there is nothing to prevent him from passing on the infected animal to other herds either through direct sale or the open market. This situation has now been remedied by section 106 (4) of the Agriculture Act, 1970, which makes it an offence to sell a reactor to brucella abortus other than for slaughter. There are sales of brucella free animals throughout the country but these are inadequate in providing a sufficient number of animals to stock large herds or to re-stock after, for example, outbreaks of foot-and-mouth infection. The voluntary eradication scheme at present being run under the aegis of the Ministry of Agriculture, Fisheries, and Food is now under review and it is to be hoped that a full slaughtering policy for infected animals will be adopted with the least possible delay.

Altogether 298 farms were visited, producer/retailers more frequently than others, during the year. Brucella infection was discovered in the herd of one producer/retailer and arrangements were immediately made for the milk to be pasteurized. Eventually, the farmer provided his own pasteurizing plant which is licenced by the county council. During the year, there was a considerable increase in the number of farms which showed infection in their milk for the first time (21 as opposed to 10 last year) ; the limited enquiries which were possible showed that animals had been bought on the open market.

#### *(b) Supervision of Pasteurizing Plants*

There are now seven plants in the Food and Drugs Area of the County ; three of these use the high-temperature, short-time method of treatment and four use the "holder" process. Of the 296 samples taken during the year, three failed to pass the phosphatase test (indicative of the efficiency of heat treatment) and four failed the methylene blue test (keeping quality). Investigations followed these failures.

#### *(c) Supervision of Dairies.*

There are 221 licenced distributors of milk within the food and drugs area of the county council and 10 licenced vending machines. One hundred and sixty-eight samples of heat treated milk were obtained from distributors' premises during the year and there were no phosphatase test failures. One hundred and ninety-six samples were submitted for methylene blue testing and, of these, one failed. In addition, 23 sterilized milk samples were obtained of which two failed the prescribed test and 33 samples of ultra-heat treated milk, all of which passed the prescribed test.

The sampling record of the vending machines was far from satisfactory for although 48 samples of heat treated milk all passed the phosphatase test, 13 samples out of a total of 48 submitted for methylene blue examination failed to pass the test. One machine gave three methylene blue failures during the year. A point was in fact reached when it was thought that legal proceedings might be necessary but, full representations having been made to the dairy company concerned, there was no further trouble. The matter will be watched closely next year.

Vending machines have always posed a problem for, although refrigerated, the importance of stock renewal cannot be over-emphasized. Because of fluctuating sales, there is always the risk that the milk cartons supplied in these machines may not be replenished as frequently as desirable and dairy companies who operate this form of retail equipment must be prepared to lose a proportion of their stock as a matter of routine. The situation was worse when untreated



milk was sold, but the practice is now to sell only heat-treated milk which naturally has a longer keeping time. It would in fact be more sensible to restrict the sale of milk from vending machines to the two special designations of milk which have a very long shelf life—sterilized and ultra-heat treated (UHT).

*(d) Milk in Schools Scheme.*

One hundred and seventy-five samples were taken during the year of which six failed the methylene blue or keeping quality test. Sixty-two samples of canteen milk were also obtained and all of these passed the phosphatase test while three failed the methylene blue test. Investigations followed all failures.

#### SWIMMING POOLS.

The open air swimming season under review was one of mainly good weather conditions and school pools were heavily used. More new pools opened during the season and the Section had a busy time providing supervision and advice. During the year, the sampling officers made 580 visits to school pools ; in addition to which the county health inspectors made numerous visits to advise on problems and make routine checks on water treatment, plant, and general conditions.

Satisfactory day-to-day management of school pools depends largely on the person operating the plant, usually the school caretaker. For this reason a good deal of individual tuition is given to caretakers on the correct operation of their own installations. This is particularly so in the case of new pools.

Reference was made in last year's report to a granular chlorination material ; it is now possible to report further on this method of sterilizing pool water. Throughout the open air season of 1969 about 50 outdoor school pools used this sterilant and the large scale trial was very successful. It has been decided therefore to continue its use for outdoor pools in the future.

The use of a granular form of chlorinated cyanurate has led to a standardization of purchasing, distribution, and simple chlorination procedure not previously possible. As no dosing equipment is necessary there is also a capital saving.

A series of 144 bacteriological samples were taken from school pools included in the trial to check the efficiency of chlorination. The results were considerably better than the recommended standards of the Public Health Laboratory Service. Ninety per cent of the samples were in the highest category of the Public Health Laboratory Service's recommendation. In fact 72 per cent of the samples were considerably better than this in that bacterial plate counts were less than 1 colony per millilitre.

#### GYPSY CARAVAN SITES.

Renewed efforts were made to find the three permanent caravan sites approved in principle on 21st May, 1968, by the county council in addition to the two existing ones, and early in the new year an assistant county health inspector was appointed to undertake the overall supervision of the existing caravan sites, and to assist in the development of new ones as they become available.

On 6th October, 1969, the Planning Committee approved an application for planning permission to the Ministry of Housing and Local Government for the use as a caravan site for gypsies and other travellers of land at Hill End Farm, St. Albans. Subsequently at their meeting in December a recommendation was made that, subject to consideration of the views of the authorities concerned, the necessary planning applications for sites at Park Street, St. Albans and Wood End Farm, Hemel Hempstead should be prepared, publicly advertised, and submitted for decision to the Ministry of Housing and Local



Government together with any objections received. If this programme can be brought to a successful conclusion the county council will have a chain of five permanent caravan sites capable of accommodating the bulk of the gypsy population in the county and reasonably well sited with respect to the areas of greatest gypsy concentration, although some further provision will doubtless be necessary to satisfy the requirements of Part II of the Caravan Sites Act of 1968 when this becomes operative. The survey of gypsies in the county undertaken in March, 1965, revealed some 95 families in the county and it is on the basis of this figure, on advice from the Ministry of Housing and Local Government, that the county council has been seeking to develop additional permanent sites. Excluding the Hemel Hempstead temporary site run by the Borough Council there are places on authorized sites for 46 families. The three proposed sites envisage permanent accommodation for approximately 50 families. With the aid of the County and Metropolitan Police Forces a monthly census of gypsies in the county has been taken and results so far indicate that the population fluctuates considerably, being higher in the winter than in summer when many of the families leave in order to undertake agricultural work elsewhere. Towards the end of the year many of these families returned and unauthorized encampments were established on Ministry of Transport land at Park Street roundabout, (approximately 12 families), and on county council land at Cotlandswick adjoining the North Orbital Road, a few miles east of Park Street, (approximately 13 families).

At various places in the county several families have been left relatively undisturbed. There has been tacit understanding between the Police, the staff of my department, and the district councils, that where conditions are reasonably unobjectionable steps should not be taken to move these gypsies. Arrangements in some cases have been made for the children of the families to attend school. Of course the ultimate intention is that these families should be accommodated on permanent sites.

In various circulars the Ministry of Housing and Local Government has stressed the futility of moving families on until permanent camps are available for them.

County council officers have been guided by this policy but it will be appreciated that there are often complaints from local residents, some justified, some not, about gypsy camps near them. Efforts have been made to mollify the objectors, but not always with success. In contrast to almost universal public opposition there are now however hopeful signs that the plight of the gypsies is attracting sympathetic attention from local community organizations and at least two local volunteer groups in the county are trying to assist them.

Although the county council was one of the first in the field in setting up permanent sites other authorities are now undertaking such provision. There has always been the fear that if the county council made life too easy for the gypsies there would be a major influx of them from other areas. Periodic surveys of families since 1965, and the census taken this year, reveal little evidence of this, and it is of interest that both Essex and Bedfordshire are taking urgent steps to establish permanent sites. If and when more sites are provided nationally, (and the need is estimated at 200 at least), many of the problems will disappear. There is, however, the question of how to deal in the meantime with the unauthorized encampments which appear from time to time in the county to which reference has already been made. Wholesale evictions—even assuming that the county council had powers to undertake them except in pursuit of an established and reasonable policy, are likely to be unhelpful and not in accord with advice from the Ministry of Housing and Local Government. On the other hand, it is not felt that the county council should merely let matters drift and take no action to improve the situation.

The extent to which even an unauthorized encampment is objectionable is very much influenced by its organization. The provision of some form of sanitary accommodation and refuse disposal facilities and some degree of



supervision could make all the difference in making conditions acceptable and preventing the nuisance so often complained about. This seemingly intractable problem is one which may require some unconventional action.

With these considerations in mind, authority was given towards the end of the year to take steps to secure tolerable conditions on the larger unauthorized encampments at Park Street roundabout and Cotlandswick in consultation with the district councils involved.

#### REFUSE DISPOSAL.

During the year, three consents for the disposal of non-putrescible material and one consent for the tipping of putrescible material were issued under the provisions of the Hertfordshire County Council Acts, 1935 and 1960. Four tips were completed during the year and therefore the total of licenced sites remains at 81.

Because of its nearness to the London conurbation, Hertfordshire is an "importing" area for London's domestic and factory wastes. While this has its advantages in ensuring the fairly rapid reclamation of mineral workings, there are obvious disadvantages as far as our own local authorities are concerned. Most of the excavations belong to private companies who may be placed under a planning obligation to reclaim the holes left in the ground by the extraction of minerals and naturally some of these companies look to the London area to provide filling materials and negotiate disposal contracts with the Greater London Council. It is nevertheless galling for district councils at the receiving end of this imported refuse to see their own tipping resources dwindling rapidly. Plans to incinerate the greater bulk of the northern G.L.C. refuse are proceeding very slowly and as there is a limit to suitable tipping sites within our own county which can be used for the reception of putrescent rubbish, it is no longer possible to think of long-term tipping security for district councils within Hertfordshire. A few local authorities have negotiated exclusive tipping rights in relatively large excavations and these councils have achieved an enviable security. It is strongly felt that the whole refuse disposal position should be reviewed by local authorities and consideration may well have to be given to other disposal systems and policies within the relatively near future.

There has been much disgust expressed during the year regarding the litter on some of Hertfordshire's main roads. Reports have been received of refuse spilling from refuse lorries, mainly returning to the London area having tipped their loads at licenced sites. While it is possible effectively to cover lorries travelling to the tipping sites (canvas "tilts" are often used for this purpose), the empty lorries are not so covered for the return journey. Any refuse which remains adhering to the sides is sucked out by the turbulent air and, although individual contributions may be small, the sum total can be most objectionable. The matter is being studied in some detail and if this county is to continue to receive imported material from outside its boundaries, then whatever steps possible must be taken to see that this "hospitality" is not abused.

#### HEALTH EDUCATION.

The year saw the return of Mr. M. W. Evans from the London University Health Education Diploma Course and the departure of Mr. I. C. Fairfax to take the same course.

Mr. Evans was appointed as the Acting County Health Education Officer on 1st July and was confirmed in this position at the end of the year. Mrs. Hardy resumed health visiting after a short spell in the section, otherwise there were no other staff changes.

During the early part of the year the section was heavily engaged in the County's Dental Health Campaign. Despite the hard work by all concerned and excellent press publicity, a follow up survey showed that the long-term improve-



ment in the dental health habits of school children was well below expectations. Similarly the concluding report on the 1968 Mental Health Campaign showed that little impact had been made on public attitudes and levels of knowledge on mental health. This evidence indicates that persisting with this type of "blanket" campaign must be questioned in terms of effort expended and benefits accrued.

The Health Education Officers have been moving the emphasis away from the routine supportive aspect of their function. This is now adequately dealt with by the experienced non-professional staff. The value of the professional officers as advisers, co-ordinators, and innovators is being increasingly recognized by divisional medical officers.

With exceptions, Health Education is still being applied empirically, with over reliance on experience and intuition. Until there is an understanding that Health Education can be subject to scientific method and evaluation, it will not advance to take its rightful place in public and preventive health. The Section is aware of this and is striving to spread this awareness to field staff.

The use of Audio-Visual aids throughout the county has shown an increase of 12 per cent over 1968 and it is becoming evident that as the cost of hiring films, plus maintenance of equipment and an increase in the items which the Section needs to hold to keep up to date is proving a strain on the budgetary allocation to the section.

The improving relationship at all levels with the Education Department in consultation, discussion of and participation in school health education has been consolidating. The officers have been involved in many school projects on such subjects as sex education, drug misuse, and human relationships. The formation in divisions of Health Education Committees on which Health, Welfare, and Education representatives serve is seen by the section as a very promising development for the future of Health Education in the county.

We are looking to the days ahead with confidence and not a little optimism.

### *RESEARCH PANEL.*

Research is one of the functions of a local health authority but this is usually one which is less well organized and planned than other services.

Apart from the routine operational research, which is necessary to determine whether existing services are meeting the changing needs of the community, there are also many opportunities of studying the changing trends in mortality and morbidity.

A research panel was formed in 1963 to initiate and stimulate research within the department, made up of interested medical and other staff from headquarters and divisions and from field staff with a particular flair for research. A statistician was appointed to act as technical officer. In addition, the panel was strengthened by the inclusion of a consultant geriatrician, a psychologist from Hatfield Polytechnic, a general practitioner and the health visitor tutor from Stevenage College of Further Education. There have been three Chairmen of the panel since its inception, Drs. Cust, Allen, and Burns.

Members of the panel interested in carrying out a particular field of study present their ideas in writing to the panel where free discussions ensue with the aim of improving or augmenting the study. The leader of the project then acts as Chairman of a small working party where detailed consideration is given to all aspects of the research project. Two courses in research methods, each lasting approximately ten weeks, have been organized at Hatfield College where the panel members were given training in the methodology of research.

Projects which came to fruition during the year included :—

- (a) Assessment of latent disease in the elderly ;
- (b) Mental health campaign in the south-west division ;
- (c) Work study for nurses ; and
- (d) Dental health campaign.



The first of these, undertaken by Dr. Allen, Second Deputy County Medical Officer and Dr. Braverman, Consultant Geriatrician, resulted in a report of more than 130 pages and a summary of the survey is likely to be published shortly.

The Mental Health Campaign was carried out by Mr. J. D. Moffett, social worker and Mr. M. W. Evans, County Health Education Officer. The survey was an attempt to discover attitudes to and knowledge of mental health and to give information in an attempt to alter attitudes. The survey ran to 24 pages but the summary of the conclusions and recommendations for future campaigns may be of interest. These read as follows :—

“ Whatever the defects of the survey as an instrument for measuring the success of the campaign, there can be no doubt that it had less impact than had been hoped ; at no point during the week was the convention filled to capacity.

The impression we had was that, even if the public as a whole was not greatly affected, a lot of good was done by enlisting helpers who became interested in the subject, even by interviewing a number of the public in the course of our survey, and thus raising questions which they might not otherwise have considered. It is the involvement of people in putting on such a campaign which is so important, as this is a most effective way of giving them knowledge and changing their attitudes. There is a great fund of goodwill in colleges, social clubs, and organizations, etc. which can be put to use, with the ultimate aim of influencing the public, but with the intermediate and perhaps more practical aim of helping the helpers to a more enlightened and intelligent attitude.

If the community itself is to be mobilized in this way, it is essential that adequate preparation is made, because community organization needs time. Our estimate is that preparations for the next large-scale campaign need to begin two years ahead, with at least some money available a year in advance. Although formal responsibility will be taken by a committee, the campaign will not get off the ground at all unless a well-motivated and energetic person is given a good deal of freedom in making both broad and detailed plans. The county council should therefore give individual divisions responsibility for organization. If these conditions are fulfilled, there is a good chance that the campaign will become integrated into the community in which it takes place ; if they are not, it will simply be another form of propaganda beamed at the public, with little hope of having any effect in competition with professionally organized, large-budget advertising campaigns by commercial firms.”

The Work Study of Nurses has resulted in a 34-page report. The study is in three parts ; (a) health visitors ; (b) nurse assistants to health visitors (clinic nurses) ; and (c) other domiciliary nurses. The report is expected to be published shortly.

Reference is made to the Dental Health Campaign in the Report of the County Dental Officer (pages 71–72) of this report.



## PART II—SOCIAL WELFARE SERVICES.

### REPORT OF THE COUNTY WELFARE OFFICER.

The consolidation of the restructured Social Welfare services of the combined department continued during 1969 with increasing emphasis being placed upon In-service Training as an instrument of securing staff development throughout the services. This obtained not least in the residential care field where a second course for caring staff was held at St. Albans College of Further Education. Regrettably we were unable to recruit the two trainees intended for secondment on the two-year course at Enfield in Residential Social Work—a course in which the department had originally initiated the discussions with the London Borough's Training Committee which led to the setting up of this career training.

The unmet needs of the elderly for residential care continued to be a matter of major concern, and in an attempt to both attract and retain caring staff certain improvements to the staffing structure of the Homes, including additional night staff and third tier appointments of Assistant Matrons, were approved for implementation as soon as financial resources permitted. At the same time the concern over the increasing waiting list and restricted capital programme was conveyed with maximum conviction to the Department of Health and Social Security by means of a deputation of members and officers. It is to be hoped that as a result, increased capital loan allocations for the service may be made available in the next few years.

Further thought was given to the implications of Section 44 of the Health Services and Public Health Act, 1968, enabling the placement of elderly persons in need of residential care in privately run Homes. The Committee approved in principle the adoption of this power subject to suitable safeguards to ensure that additional allocation of resources in this way would be utilized on additional placements and thus contribute directly to the County Council's own service.

Government action upon the Seebohm Report upon the reorganization of the local authority personal social services was still awaited at the end of the year, which saw the publication of a further very relevant report—that of the Committee under the Chairmanship of Miss Geraldine Aves to enquire into the role of voluntary workers in the social services, and in particular to consider their need for preparation or training and their relationship with professional social workers. A corollary to the forthcoming reorganization of the personal social services is a re-examination of the role—a vital one—to be played by voluntary organizations and voluntary workers. There is much in the Aves Report that will assist in this process.

### *MENTAL HEALTH.*

There was continued growth of the community care mental health services during 1969.

Spring House, Welwyn Garden City—the Authority's first hostel for the mentally ill providing 26 beds, opened in December, 1968, came into full use during the year, although it was necessary to slow down the admissions programme due to difficulty in recruiting staff. Herne House Hostel, Bushey, providing 20 places for severely subnormal children, was opened in July, 1969, and by the end of the year 11 children were in residence, but here, too, staffing presented a serious problem and led to the suspension of admissions to the hostel from September until a deputy matron could take up duties in early 1970.

There were no completed capital developments in the training centre field, but additional classroom accommodation was in course of erection during the year at the Watling View Junior Training Centre, St. Albans, building work was proceeding on the Hoddesdon Adult Training Centre and the details for an extension at the East Herts Junior Training Centre—Amwell View, Stanstead Abbots—had been agreed in order to accommodate the additional children



anticipated with the opening of Rowneybury, Sawbridgeworth in early 1971, as the Authority's second hostel for severely subnormal children. The staffing of the training centres also presents a problem, although it is usually possible to recruit staff for vacancies as they occur, but rarely by persons with the appropriate qualifications.

The Authority continued to pursue a very active policy in the training of staff, and at the end of the year ten staff were on full-time one or two year courses which they would be completing in July, 1970, and arrangements were in hand for a further nine staff to be seconded to full-time courses commencing in September, 1970. In addition to this, staff were seconded to a number of short in-service training courses, including a series of six lecture-demonstrations held at Cell Barnes Hospital, St. Albans, where the demand from the junior training centre staff was so great that it was necessary to repeat the original series, held in the summer term 1969, in the autumn of 1969, and a further series will be held in the summer of 1970.

### *Community Care.*

At the end of 1969, there were 2,728 cases in community care, this number being made up of 1,607 subnormal and 1,121 mentally ill persons. During the year 209 subnormal and 848 mentally ill were referred for community care, under the Mental Health Service. The sources of referral were as follows :—

<i>Source of referral.</i>	<i>Mentally ill.</i>	<i>Subnormal.</i>	<i>Total.</i>
General practitioners . . . . .	213	6	219
Hospitals, following in-patient treatment . . . . .	144	38	182
Hospital out-patient departments . . . . .	113	15	128
Local Education Authority . . . . .	5	37	42
Police and courts. . . . .	21	2	23
Transferred from other areas . . . . .	—	47	47
Other sources . . . . .	352	64	416
Totals . . . . .	848	209	1,057

### *Training Centres.*

At the end of the year 826 Herts persons were attending training centres, made up as follows :—

<i>Attending.</i>	<i>Mentally ill.</i>	<i>Subnormal.</i>		<i>Total.</i>
		<i>Under 16.</i>	<i>Over 16.</i>	
Herts C.C. Centres . . . . .	26	389	388	803
Other Authorities' Centres . . . . .	9	6	8	23
Totals . . . . .	35	395	396	826

In addition to the above a further 49 persons were attending Hertfordshire training centres at the end of the year, consisting of 44 physically handicapped persons, ordinarily resident in Herts, and five persons who were the responsibility of other local authorities.

There were 12 persons awaiting admission to centres at the end of the year, and arrangements were in hand for all to commence attendance in early 1970.

### *Residential Accommodation.*

#### *(a) Long Term.*

During 1969, 257 mentally disordered persons were maintained in residential accommodation for long-term care under the Mental Health Service, and of this number 203 were still away at the end of the year. In addition, nine out-county cases were accommodated during 1969 in the Authority's hostels. The breakdown of the Herts cases is shown in the following table :—



TABLE 29.

	<i>Subnormal.</i>		<i>Mentally ill.</i>	<i>Total.</i>
	<i>Under 16.</i>	<i>16 and over.</i>		
1. Herts cases maintained in 1969 :—				
(a) Herts C.C. Hostels . . . . .	11	84	49	144
(b) Other Homes and Hostels . . . . .	34	42	37	113
Totals . . . . .	45	126	86	257
2. Herts cases still in residence at 31.12.69 :—				
(a) Herts C.C. Hostels . . . . .	11	65	31	107
(b) Other Homes and Hostels . . . . .	30	40	26	96
Totals . . . . .	41	105	57	203

*(b) Short Term.*

Arrangements were also made during the year for 60 cases to be placed for periods of short-term care. Of these, 21 were placed in Herts C.C. Hostels and 39 in voluntary and private homes.

*Social Clubs.*

There were 25 social clubs for mentally disordered persons meeting regularly at the end of the year, including a number organized by local branches of the Society of Parents of Mentally Handicapped Children. Grants were made by the County Council in appropriate cases, to assist societies and voluntary organizations towards their expenses in running these clubs.

*Admissions to Hospital.**(a) Mentally Subnormal.*

Cell Barnes Hospital, St. Albans, continued to serve the greater part of Hertfordshire, and South Ockendon the East Herts area. Royston comes within the area of the East Anglian Regional Hospital Board, and is now served by the Ida Darwin Hospital, Cambridge.

Fifty-five subnormal patients were admitted to hospital during 1969 (31 children and 24 adults). In eight cases the persons were detained under the Mental Health Act, 1959, and the remaining 47 were admitted informally.

In addition to the admissions for long-term care, 81 patients were admitted to hospitals for the subnormal for short-term care during the year.

The Local Authority continued to maintain a waiting list of subnormal persons requiring long-term hospital care, and at the end of the year there were 11 children and 9 adults on the waiting list.

*(b) Mentally ill.*

The catchment areas of the psychiatric hospitals serving the County remained unchanged.

During the year 506 mentally ill persons were admitted to hospital, as either statutory or informal patients, following action by a Mental Welfare Officer—compared with 422 patients in the previous year, and 462 in 1967.

The number of actions taken shows a slight increase on the previous year. Ninety-two persons were admitted to hospital informally, compared with 87 in the previous year, and the number of emergency admissions, under Section 29, of the Mental Health Act 1959, rose from 218 to 257, whilst the numbers admitted, under Sections 25 and 26 remained about the same. Under these latter Sections the need for admission to hospital is confirmed by two medical practitioners, one having special experience in the diagnosis or treatment of mental disorder.

### Appendix.

In the following table (no. 30) comparative figures are given on various aspects of the Mental Health Service during the past eight years, as at 31st December. This is followed by Table 31 which gives details of the number of persons being helped under the Mental Health Service, as at the 31st December, 1969, subdivided into the various types of services, and also categories of mental disorder and the age and sex distribution.

TABLE 30.—COMPARATIVE FIGURES.

	1962.	1963.	1964.	1965.	1966.	1967.	1968.	1969.
<b>These figures relate to numbers dealt with throughout the year.</b>								
<i>Temporary admissions, to relieve families, in year.</i>								
(a) to hospitals . . . . .	64	61	68	84	84	100	135	81
(b) elsewhere . . . . .	5	9	23	19	38	32	47	60
<i>New referrals for community care in year.</i>								
Mentally ill . . . . .	218	345	322	352	501	653	707	848
Mentally subnormal . . . . .	196	256	244	232	263	278	273	209
	<u>414</u>	<u>601</u>	<u>566</u>	<u>584</u>	<u>764</u>	<u>931</u>	<u>980</u>	<u>1,057</u>
<b>These figures relate to the numbers "active" at 31st December.</b>								
<i>Numbers receiving community care.</i>								
Mentally ill . . . . .	257	327	303	317	391	556	597	1,121
Mentally subnormal . . . . .	973	1,057	1,092	1,150	1,314	1,446	1,546	1,607
	<u>1,230</u>	<u>1,384</u>	<u>1,395</u>	<u>1,467</u>	<u>1,705</u>	<u>2,002</u>	<u>2,143</u>	<u>2,728</u>
<i>Number in residential accommodation.</i>								
Mentally ill . . . . .	7	8	6	15	10	20	29	57
Mentally subnormal . . . . .	25	46	61	66	83	116	128	146
<i>Numbers receiving training and hospital waiting list.</i>								
Attending training centres . . . . .	324	393	438	534	621	748	802	875
Receiving home training . . . . .	23	18	16	17	25	26	20	14
Subnormal hospital waiting list . . . . .	41	42	47	49	44	45	36	20

### County Social Work Supervisor's report.

In 1969 the six Divisional Social Work Units began to have an impact on policy rather than being the recipients of it as they have been during the previous four years of change during the Department's reorganization. More than 80 social workers are now employed, roughly 1 per 10,000 population. This figure includes the Divisional Social Worker in charge of the team, the two seniors in each team, social workers of various disciplines, some part-time, and trainees. It also includes ten social workers away on full-time professional courses, which means that although we have more social workers, our resources are still stretched.

During the year Miss Morris from North Herts retired after 24 years in the Department but happily has now come back part-time. Mr. Lingham, Divisional Social Worker, St. Albans went as Deputy Director of Social Work to Aberdeen to be replaced by Mr. Gillespie. An increasing number of professionally qualified social workers have been attracted into the Department. Miss Elsie Thomas who had been responsible more than anyone else for the development of social work in the Mental Health Section which in turn gave strength to the social work section of the combined Department retired during the year.

The social workers saw over 8,000 clients in 1969, more than an average of 100 each. There were 42,000 interviews, something over 5 per client on average although obviously many were seen more than that and some less. Of the 8,000 clients who were afforded a professional social work service in addition to other services they may have been receiving from the Department, approximately 1,800 were elderly, 1,200 were physically handicapped, 1,500 were mentally ill, 1,000 were subnormal, 2,000 were blind or partially sighted, and 500 were seen for various other reasons. Workloads varied from 50 to as many as 280 and in 1970 we need to make a more concerted effort to balance these.



TABLE 31.

	Mentally ill				Elderly mentally infirm		Psychopathic				Subnormal				Severely sub-normal				Total	
	Under 16		16 & over		M	F	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over			
	M	F	M	F			M	F	M	F	M	F	M	F	M	F				
1. Total number . . . . .	—	—	332	698	26	65	—	—	1	1	—	—	1	—	272	224	204	229	2,728	
2. Attending workshops, day centres, or training centres (including special units) . . . . .	—	—	14	12	4	5	—	—	1	—	—	—	—	—	220	174	128	137	826	
3. Awaiting entry to workshops, day centres, or training centres (including special units) . . . . .	—	—	—	—	—	1	—	—	—	—	—	—	—	—	6	3	1	1	12	
4. Receiving home training . . . . .	—	—	3	4	1	—	—	—	—	—	—	—	—	—	—	2	1	—	1	14
5. Awaiting home training . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Resident in L.A. home/hostel . . . . .	—	—	9	23	—	—	—	—	—	—	—	—	—	—	5	7	7	16	110	
7. Awaiting residence in L.A. home/hostel . . . . .	—	—	3	3	—	—	—	—	—	—	—	—	—	—	6	1	2	—	17	
8. Resident in other home/hostel . . . . .	—	—	14	9	—	—	—	—	—	—	—	—	—	—	17	12	2	14	78	
9. Boarded out in private household . . . . .	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	3	5	15	
10. Attending day hospital . . . . .	—	—	3	12	2	5	—	—	—	—	—	—	—	—	—	—	—	—	22	
11. Receiving home visits and not included in items 2-10 :—																				
(a) Suitable to attend a training centre . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Others . . . . .	—	—	290	638	19	54	—	—	—	1	—	—	—	—	28	36	72	73	1,706	

As well as helping the Social Work Units to develop, one of my responsibilities is training. In addition to the ten members of staff receiving full-time professional training on courses, one Divisional Social Worker received three months management training at the National Institute for Social Work Training and various other members of staff went on refresher courses or attended conferences. In-service training in group situations is provided for every member of staff, a session per fortnight, and individual consultation and supervision is offered to each member of staff by a more experienced, qualified worker. Dr. Torrie has continued to play a large part in the in-service training programme as Psychiatric Consultant. Increasingly, as Social Work Units are decentralized, in-service training is being localized. In 1970 we must strike a balance between the social workers' needs for local participation, and for wider stimulation centrally.

The department continues to offer supervision and practical work experience to a wide range of students and this puts further pressure on our already over-taxed staff accommodation. In addition to the usual students from Social Work courses, we have taken two students from the new one-year Management Course which started in October at the National Institute for Social Work Training. Two Divisional Social Workers and I are involved and we welcome this development of management training.

Professor Donnison, Director of the Centre for Environmental Studies, has said that the principle tasks of an organization are innovation and development. The innovations this year are in group work with the appointment of Miss Sturton in Mid Herts; the promise of a community worker appointment as soon as practicable in 1970; the territorial experiments in East Herts to try and find a balance between working from one base and working from sub-offices so that social workers are more closely in touch with clients in a scattered area; the creation of further day centre facilities and the concentration of two members of staff in two divisions in looking at the needs of young people. In spite of the extreme pressure of work which faced the department in 1969 such changes have been possible only through the inventiveness and drive of many members of staff. Hopefully, 1970 will see us through this period of great change and ready for the long awaited rationalization of social work.

### BLIND PERSONS.

The specialized services which are available to blind persons are continually being reviewed and reorganized. The need for the independence of the visually handicapped to be regained and maintained is fully recognized.

The effect of the shock caused by the onset of blindness will vary from person to person, but inevitably allowance must be made for a period of adjustment to the disability and the limitations which it imposes.

In the initial stages the newly blind client will need the support and advice of the trained Social Worker who has the professional knowledge and skills to meet the immediate difficulties, but once the basic problems and frustrations have been accepted and overcome, much practical help can be given by voluntary organizations.

The Hertfordshire Society for the Blind is planning to arrange a meeting for voluntary helpers and potential voluntary helpers as an experiment which it is hoped may widen interest in the Society's work and also to give some idea of the latest developments in social work for the blind.

#### *St. Audrey's Home for the Blind.*

The Society continues to administer the residential Home at Hatfield which accommodates 29 blind men and women. The County Council assists by making an annual grant towards the running costs of the Home. Structural alterations to the building which are being contemplated include the installation of a lift and a sluice unit.



### *Holidays.*

The provision of holidays for blind people is undertaken by the Society by arrangement with other voluntary Societies and grants are allocated in cases of need. An innovation during the year was the visit to Holland arranged by Miss van Raaij, Social Worker in East Herts. A party of 16 blind people and their sighted escorts stayed for a week at the Holiday Centre at Ermelo. This was a most successful venture which it is hoped may be repeated.

### *Mobility Training.*

The decision of the County Council to appoint a Mobility Instructor to teach blind persons the comparatively new technique in the use of the Long Cane has been welcomed by the Society. The Executive Committee has expressed its interest in the project and has intimated its willingness to give financial support to the training of an Instructor, if a fully trained Instructor cannot be recruited.

### *Statutory Register.*

The County Council maintains a register of blind persons who are ordinarily resident within the area.

The statutory definition for the purpose of registration under the National Assistance Act, 1948, is that a person is "so blind as to be unable to perform any work for which eyesight is essential". It is necessary for an examination to be carried out by an Ophthalmologist of consultant status in order to determine whether a person is eligible for blind registration.

Certain changes in the procedure for collecting statistics relating to blindness are to take place in 1970. Such information required by the Department of Health and Social Security has previously been collated by the regional associations for the blind for local authorities in their area. In future, the details will be sent direct to the Department by each local authority.

### *Registration.*

The number of blind persons on the Register at 31st December, 1969 was 1,600, an increase of 27 over the previous year.

Changes on the register were as follows :—

#### *Additions.*

New cases registered . . . . .	182
Transfers from other areas . . . . .	36

#### *Removals.*

Through death . . . . .	158
Transfers to other areas . . . . .	31
Decertifications . . . . .	2

TABLE 32.—CLASSIFICATION OF BLIND REGISTER.

	1969.	1968.
Children under 5 years . . . . .	13	10
Children 5–15 years . . . . .	34	33
At school 16–20 years. . . . .	3	5
Trainees . . . . .	12	10
Employed in special workshops for the blind. . . . .	2	2
Employed in approved Home Workers' Schemes . . . . .	18	19
Employed under ordinary conditions . . . . .	174	175
Unemployed—available for and capable of work . . . . .	28	27
Not available for work . . . . .	132	124
Not capable of work . . . . .	94	98
Aged over 65 years . . . . .	1,090	1,070
Totals . . . . .	1,600	1,573

TABLE 33.—AGE GROUPS OF REGISTERED BLIND PERSONS.

Years	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Males .	—	1	3	2	3	16	7	11	24	37	54	73	39	53	131	64	44	25	587
Females .	—	1	1	1	1	7	4	7	20	20	47	57	60	71	222	184	174	136	1,013
Total .	—	2	4	3	4	13	11	18	44	57	101	130	99	124	353	248	218	161	1,600



The research which has been undertaken in recent years has demonstrated that there is a wide range of work which can be successfully carried out by blind people. In the past, it was considered that the visually handicapped could only practise the trades traditionally associated with the disability, such as basket-making and boot repairing, etc. Opportunities now exist for employment in the professions and commerce, and in skilled and semi-skilled work in open industry.

Some employers are still reluctant to employ a blind person, but the Blind Persons' Resettlement Officer has, during the past year, been successful in placing a number of newly blinded men in the County in ordinary open employment.

### *Sheltered Employment.*

The number of Home Workers has decreased by one. The present Homeworkers in the Scheme are employed in the following trades.

Music teachers . . . . .	1
Braille copyists . . . . .	2
Smallholders . . . . .	2
Gardeners . . . . .	1
Machine knitters . . . . .	5
Basket makers . . . . .	3
Piano tuners . . . . .	4
	—
Total . . . . .	18
	—

There are two women employed as machine knitters in sheltered workshops.

### *Wireless Licences.*

The Department issued 138 certificates in 1969 to enable blind people to obtain wireless receiving licences without payment of the usual fee.

## PARTIALLY SIGHTED PERSONS.

There were 487 persons on the register at 31st December, 1969 which represents an increase of 65 over the previous year. The following Table No. 34 gives the distribution of age groups.

TABLE 34.—CLASSIFICATION OF THE PARTIALLY SIGHTED REGISTER.

	1969.	1968.
Children under 5 years . . . . .	3	5
Children 5–15 years attending special schools . . . . .	19	23
Children 5–15 years attending other schools . . . . .	21	16
Children 5–15 years not at school . . . . .	5	6
Children 5–15 years unsuitable for education at school . . . . .	2	3
At school 16–20 years . . . . .	4	9
Trainees . . . . .	9	5
Employed persons . . . . .	101	94
Unemployed—available for work . . . . .	16	14
Not employed . . . . .	307	247
	—	—
Totals . . . . .	487	422
	—	—

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision which is of a permanently handicapping character, and is considered to be within the scope of the welfare

services which the local authority is empowered to provide for blind persons excluding statutory concessions. In the case of partially sighted persons who are available for and capable of work, the advice of the Blind Persons' Resettlement Officer may be sought where suitable placement in employment is considered appropriate.

TABLE 35.—AGE GROUPS OF PARTIALLY SIGHTED PERSONS.

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males . . .	—	3	25	15	53	28	61	185
Females . . .	—	—	22	19	41	25	195	302
Total . . .	—	3	47	34	94	53	256	487

### THE DEAF.

The County Council's service for the deaf is provided on an agency basis by the St. Albans Diocesan Association for the Deaf which also act as agents for the Bedfordshire County Council and the Luton County Borough Council, each authority contributing on a *per capita* basis towards the Association's administrative expenses.

The Association employs a field staff of five welfare officers, of whom four hold the diploma of the Deaf Welfare Examinations Board. The Welfare Officers engaged in Hertfordshire work in very close collaboration with the Divisional Social Work Units. They visit the deaf and help with their social problems, frequently acting as interpreters and assist in the formation of social clubs and encourage similar activities. Their help is particularly valuable in regard to the problems of the deaf school leaver, and his employer, when embarking on work for the first time.

On 31st December, 1969, there were 392 registered deaf in the County, their age and distribution being as follows. Last year's figures are shown in brackets.

TABLE 36.

Age Group	Deaf without Speech		Deaf with Speech		Total
	Men	Women	Men	Women	
0-15 . . .	23 (24)	22 (19)	13 (15)	19 (23)	77 (81)
16-64 . . .	68 (64)	67 (68)	52 (60)	55 (49)	242 (241)
65 plus . . .	9 (9)	15 (15)	15 (10)	34 (27)	73 (61)
	100 (97)	104 (102)	80 (85)	108 (99)	392 (383)

### THE HARD OF HEARING.

The hard of hearing are those who, with or without a hearing aid have some useful hearing and whose normal method of communication is by speech, listening/lip reading. Their social and recreational needs are catered for by voluntary groups of the Hertfordshire League for the Hard of Hearing except in Potters Bar where the Group continues to be affiliated to the Middlesex and Surrey League.



# WELFARE OF THE HANDICAPPED (GENERAL CLASSES).

As Table 37 shows, the number of registered handicapped persons showed a further increase during 1969 and, as a result, brought still further demands on limited resources. Unfortunately the Report of the Government's Social Survey with its expected guidance on the assessment of the potential demand for these services did not materialize as expected. Nevertheless there has been an increased awareness of the needs of the handicapped and this is to be welcomed. Some utterances on the subject have, however, been emotive rather than practical and it is necessary to ensure that the effort to prevent the handicapped being "second class citizens" is aimed at enabling them to be as independent and near normal as possible, and not to amplify their differences and create "special class citizens".

One field in which help is required is in housing and it is encouraging to note that, largely as a result of the agreement made in the Autumn of 1968 between the County Council and local housing authorities in the County, it is now common practice for discussions to take place between the County Council's Social Workers and members of housing authority staffs when adaptations to Council-owned houses, occupied by handicapped persons, are being considered. The importance attached to adequate housing for the handicapped may be judged from the fact that in spite of the contribution towards the cost of adaptations made by housing authorities following the 1968 agreement, the County Council's expenditure on this service rose from £9,715 to £13,500 in the year.

Work Centre activities, administered on behalf of the County Council by the Hertfordshire Association for the Welfare of the Handicapped, continued to provide a much needed service for those handicapped who are unable to work in either open or sheltered employment. The total hours of attendance at these Centres during the year was 75,500 and this figure would have been exceeded had unfortunate delays not prevented the opening of a new Centre in South Oxhey and the extension to the existing one in St. Albans. It is anticipated, however, that both these projects will be completed by the middle of 1970.

The invaluable assistance given to the handicapped by voluntary organizations in running clubs, arranging visiting, outings and holidays continued throughout the year, and in this respect, tribute must be paid in this sphere to the helpers of the Hertfordshire Association whose efforts at fund raising also enabled building work to start on the purpose-designed holiday home at Clacton. The news that the first guests will, in fact, be admitted to the home during the summer of 1970 is welcomed not only by the handicapped themselves, but by all concerned with their well-being.

The number of Disabled Driver's badges issued during the year was 137 and it is encouraging to note the increased awareness on the part of many statutory authorities of the problems encountered by these drivers by the reservation of special parking in public car parks, for disabled drivers' vehicles. This is particularly relevant in view of the trend to create pedestrian precincts in Urban centres.

TABLE 37.

	1965.	1966.	1967.	1968.	1969.
Under 16 years . . . . .	107	76	82	87	95
Aged 16-64 years . . . . .	1,089	1,244	1,386	1,514	1,667
Aged 65 years and over . . . . .	961	1,065	1,298	1,428	1,637
Total . . . . .	<u>2,157</u>	<u>2,385</u>	<u>2,766</u>	<u>3,029</u>	<u>3,399</u>



## *CARE OF THE ELDERLY.*

Domiciliary services for the elderly must no longer be regarded merely as a means of easing the demand for places in old people's Homes, but rather as a response to the needs of the elderly who, in the main, prefer to remain in their own homes as long as possible.

If this support is going to be really effective, adequate resources will need to be made available and this is particularly pertinent in the case of the meals services. During 1969, 240,709 meals were served to elderly people in their own homes, with a further 94,344 meals at luncheon clubs and as these meal schemes are, in the main, run by such organizations as W.R.V.S., B.R.C.S., and Old People's Welfare Committees, these figures are a tribute to the hard work and time given by voluntary workers. The fact remains, however, that 42 per cent of the recipients had these meals on less than three days a week, whereas the aim should be for a five, and in some cases, a seven-days-a-week service. Furthermore, some of the traditional methods of preparing and distributing these meals are wasteful in manpower and materials. Improvements on both these aspects can be brought about only with increased financial support and it may well be necessary for the present County Council policy of assisting these schemes with capital equipment only to be reviewed.

The Hertfordshire Old People's Welfare Council and its affiliated local Committees and Clubs continued to provide an invaluable social contact for the elderly and the Council, once again, ran day information meetings both for its own voluntary helpers and for the Wardens of sheltered housing accommodation who are employed by local housing authorities and voluntary Housing Associations.

### *Day Centres.*

The value of Day Centres, to which house-bound persons may be conveyed, has clearly been established and during 1969 further such centres were opened at Abbots Langley, Watford, and Hoddesdon, with the activities at the St. Albans Centre being extended for a further day. The existence of these Centres, however, creates their own demand and further extensions to this service are planned for 1970. One of the main problems in the establishment of this service has been the conveyance of the elderly to the Centres. To date we have had to rely on voluntary transport but the County Council have now approved that each Division may in future employ a part-time driver for this purpose.

### *Sheltered Housing Accommodation.*

By the end of 1969 the number of units of sheltered accommodation approved for grant-aid by the County Council was 1,833, an encouraging indication of the awareness of the need for this type of accommodation. There are, however, one or two areas in the County where no schemes are in existence and it is hoped that the County Council's decision to increase from 1st April, 1970, the maximum annual grant from £50 to £60 a unit will persuade these reluctant authorities to reconsider their services.

At the meeting arranged by the Hertfordshire Old People's Welfare Council, however, it became apparent that some of the Wardens, and many of the elderly residents in these schemes, had had no clear indication of what should be expected of the Warden. Whilst the County Council would not wish to usurp the autonomy of managers of these housing schemes nevertheless there would appear to be a need to issue guidance on the basic duties of the wardens of schemes ranking for grant-aid from the County Council, and arrangements accordingly will be considered early in the new year.



## RESIDENTIAL ACCOMMODATION.

*Building Programme.*

One new home was brought into use just before the end of the year, viz. Torworth House, Boreham Wood (60 beds) bringing the total number of beds in County Homes to 1,409.

Work was almost completed on one other purpose-built Home of 60 beds, viz. at Bury Road, Hemel Hempstead. Unfortunately this will then bring the building programme to a standstill, as it was not possible to obtain loan sanction for any immediate projects programmed.

In the meantime, the waiting list continued to expand and at the end of the year stood at 1,020 (770 women and 250 men).

*Admissions and Discharges.*

During the year there were a total of 384 new permanent admissions to Homes and 529 discharges, of whom 148 were subsequently re-admitted from hospital. The following comparative statement summarizes the sources from which people were admitted and the reasons for their discharge over the last three years :—

TABLE 38.

	1969.	1968.	1967.
<i>Admissions.</i>			
From own home (living alone)	103	124	116
From own home (living with relatives)	93	132	102
From lodgings	28	19	28
From hospital (initial admission)	125	142	138
From mental hospital (initial admission)	8	15	10
From another County by arrangement	5	5	2
From Private Old People's Home	10	5	16
No fixed abode	12	5	5
New permanent admissions	384	447	417
Re-admission after period in hospital	148	178	137
Totals	532	625	554
<i>Discharges.</i>			
To hospital	333	356	314
To mental hospitals	33	33	26
To relatives or other private accommodation	30	38	20
Deaths	133	149	89
Totals	529	576	449

The age groups of new permanent admissions were as follows :—

	30-49.	50-64.	65-74.	75-84.	85 and over.	Total.
Men	2	13	32	65	31	143
Women	3	7	49	104	78	241
						384

Of the five residents under 50 years of age, on admission four required emergency temporary accommodation of only a few days duration, being inadequate and/or disabled. The fifth resident, who subsequently died, was returned from a voluntary home for the disabled where she could no longer be provided with the degree of care she needed.

All staff and residents who so desired were again immunized against influenza, and very few incidents occurred.

### *Short Stay Care.*

Short stay care has continued, mainly to afford a break for relatives caring for their elders or to enable those relatives to go on holiday, and 281 persons were admitted, generally for a period of two weeks. This valuable and worthwhile service is becoming increasingly difficult to maintain in view of the pressure of urgent applications for permanent admission and inability to build further homes.

### *Day Care.*

In view of the inability to provide permanent additional residential accommodation for old people, the existing arrangements at a few homes to accept persons for day care have continued and arrangements are in hand to extend this provision at other homes subject to the availability of suitable transport arrangements.

### *Voluntary Homes.*

Use continues to be made of accommodation in approved voluntary homes and at 31st December, 1969, there were 334 such residents for whose maintenance the County Council was responsible compared with 302 for the previous year.

In the main these residents were elderly, but the following were accommodated in "specialist" homes :—

TABLE 39.

<i>Type of Home.</i>	<i>No. of Residents.</i>
Homes for the blind . . .	43
Homes for the deaf . . .	6
Homes for the epileptic . . .	29
Homes for the disabled . . .	51
	<hr/>
	129
	<hr/>

### *Group Work in Homes.*

As an experiment, the Group Worker attached to the Mid Herts Social Work Unit has arranged group meetings on a weekly basis at one of the Homes for those residents who wished to attend. These have proved quite successful and have resulted in the residents participating to a greater extent in the life and running of the Home.

### REGISTRATION OF HOMES FOR DISABLED AND OLD PERSONS.

During the year three further homes were registered with the County Council and two closed down. These changes, combined with minor variations in the number of places in existing registered homes, resulted in the overall number of places provided in accommodation so registered being increased from 778 to 839.

These homes form an important and valuable supplement to the County Council's own homes for the aged and in a number of instances afford specialized accommodation for persons with particular needs, e.g. severe physical handicap, blindness and for individuals of various religious denominations.



TABLE 40.

No. of Registered Homes.	No. of places registered.			Total.
	Men only.	Women only.	Both sexes.	
<i>Private.</i>				
Elderly.				
2	—	18	—	
14	—	—	237	
—				
16				255
<i>Voluntary.</i>				
Elderly.				
1	29	—	—	
6	—	125	—	
11	—	—	347	
—				
18				501
<i>Disabled.</i>				
1	—	15 (blind)	—	
3	—	—	68 (30 blind)	
—				
4				83
Totals : 38 Homes.				839 beds.

In addition there is one home in the County which provides accommodation for 30 blind persons of either sex which is not registrable as it is managed by a body incorporated by Royal Charter.

Arrangements were in hand at the end of the year to transfer responsibility for the administrative work in connection with the registration and inspection of Disabled and Old Persons' Homes from the Central Department to the Divisional Offices, with the exception of the East Herts Division which, for the present, will continue to be dealt with centrally.

### HOME HELP SERVICE.

The provisions of Section 29 of the National Health Service Act, 1946, which empower local authorities to provide a Home Help Service, remained in force during 1969, although Section 13 of the Health Services and Public Health Act, 1968 will make the provision of home help service mandatory when the Appointed Day for that section is determined by the Secretary of State.

For the service in the County, this was a year of review and reorganization, the staffing structure in offices being overhauled, the conditions of home helps considered, ancillary services reviewed, and arrangements made for a new type of Helper to be introduced.

The tables of statistics are given below. The total number of cases helped was slightly higher than in 1968, while the full-time equivalent number of home helps employed at the end of 1969 shows a slight recovery from the serious shortage shown up in the previous year (Table 41 Weekly Hours and Staffing).

TABLE 41.—WEEKLY HOURS AND STAFFING.

Cases helped during year	Cases current at :		Average weekly hours, Dec., 1968	Equivalent No. of full-time Home Helps 1968	Average weekly hours, Dec., 1969	Equivalent No. of full-time Home Helps 1969	No. of Organizers and Clerks					
							Dec., 1968			Dec., 1969		
							Full-time	Part-time	Equivalent full-time	Full-time	Part-time	Equivalent full-time
6,441	3,995	4,244	15,188	380·0	15,844	397·1	22	11	29·25	23	17	32·34

Maternity cases and chronic sick cases account for approximately 85 per cent of the total cases helped during the past five years. As the number of maternity cases has decreased there has been an increase in the number of chronic sick cases. Other cases fluctuate only slightly.

TABLE 42.—CASES HELPED DURING 1969.

	Maternity and nursing mothers	Mental illness	Tuber- culosis	Chronic sick	Blind	Acute illness	Acci- dents	Miscel- laneous	Total
Persons of pen- sionable age	—	44	14	4,496	195	58	48	1	4,856
Other cases .	573	55	15	453	26	395	22	46	1,585
Totals . .	573	99	29	4,949	221	453	70	47	6,441

TABLE 43.—ALLOCATION OF HELP.

<i>Category.</i>	<i>Percentage of cases helped.</i>		<i>Percentage of help given.</i>	
	1969.	(1968)	1969.	(1968).
Maternity . .	8.9	(10.5)	1.9	(2.5)
Mental illness . .	1.6	(1.3)	1.1	(0.9)
Tuberculosis . .	0.5	(0.7)	0.7	(1.0)
Chronic sick . .	76.8	(74.3)	88.2	(87.3)
Blind . . . .	3.4	(3.2)	4.7	(4.7)
Acute illness . .	7.0	(8.1)	2.2	(2.6)
Accidents . .	1.1	(1.1)	0.5	(0.4)
Miscellaneous .	0.7	(0.8)	0.7	(0.6)
Percentage of cases of pensionable age.	75.4	(72.2)		

TABLE 44.—MATERNITY AND CHRONIC SICK CASES 1965 TO 1969 SHOWING PERCENTAGE OF THE TOTAL CASES HELPED.

	<i>Maternity cases.</i>	<i>Chronic sick cases.</i>	<i>Combined totals.</i>
1965 . .	1,131 (18.8%)	4,007 (66.5%)	5,138 (85.3%)
1966 . .	955 (16.0%)	4,104 (68.9%)	5,059 (84.9%)
1967 . .	850 (13.8%)	4,386 (71.1%)	5,236 (84.9%)
1968 . .	674 (10.5%)	4,732 (74.3%)	5,406 (84.8%)
1969 . .	573 (8.9%)	4,949 (76.8%)	5,522 (85.7%)

The completion of the survey of the staffing of the Home Help Service which had been undertaken by the Management Services Unit enabled the staffing structure to be reviewed. The newly-formed posts of Divisional Home Help Organizer were developed to allow for administrative and co-ordinating functions within the division. Consideration was also given to the posts of Assistant Organizers, and it was agreed that as these posts develop to full-time appointments, they shall be upgraded to Area Organizer posts, the status of



Assistant Organizer generally being applied to only part-time staff. This provides a career structure for Assistant Organizers, and ensures that their experience and interest is retained. Five assistants became Area Organizers in this way, and took over the responsibility of an area caseload. The new formulae for clerical and organizing staff working in the Home Help Service, produced by the Management Services Unit in consultation with the department, was applied in all Divisions, special consideration being given where local differences required.

Time for adjustment to the new conditions will be needed before the full effect of this new structure on the development of the service, on recruitment, and on expansion, can be seen. In some areas new offices have been set up, and new staff engaged, and it will be interesting to compare the effect, on development, of having an Organizer situated in a strategic position in her own area rather than based some distance away in a Divisional centre.

Arising out of the drastic fall in the number of home helps employed at the close of 1968, particular difficulty in recruitment being experienced in St. Albans, an approach was made to the Essex and Hertfordshire Provincial Council for Local Authority Services (Manual Workers) to reconsider the rates of pay and conditions of service of home helps, and this was still under consideration at the end of the year. Meanwhile, consideration was also given to the lunch allowance which is paid where the home help works more than five hours and she cannot get home for a meal. Since 1949 the authority has paid a lunch allowance of 1s. to home helps, and it was agreed that it should hence forward be related to the charge fixed by the Ancillary Staffs Council non-resident staff at residential homes. This had the immediate effect of increasing the lunch allowance for home helps to 2s. 10d. In an effort to provide easier conditions for home helps in an economical way, a small van was made available, as a pilot scheme, for use in the St. Albans division. The van was well equipped with an electric cleaner and a variety of cleaning utensils and materials. It is hoped that savings in home help time will also be achieved by this scheme.

The Night Sitters Service was reviewed, consideration being given to the possibility that the need for this service was not being reflected in the small number of cases assisted in the past. As a result, the service was given a new look, a higher fee being offered to night sitters, the basis of charge being changed to the Home Help Service assessment, and evening service being made available in special circumstances. Publicity of the new features of the scheme was arranged by the authority's Press Officer. Divisional Organizers prepared a Register of Night Sitters, and between October and the end of the year four cases were provided with the service.

The Good Neighbour Service, which has proved a popular and invaluable service since its inception in 1962, gave assistance to 166 cases compared with 156 in 1968. Payment to the "good neighbours" under this scheme is made on a weekly basis, Organizers assessing the amount of help to be given and the rate of pay. It has been found that in some cases certain travelling and other expenses were involved, and this had resulted in underpayment for the work done. It was therefore agreed that a maximum additional 10s. per week might be paid to a "good neighbour" where this was shown to be necessary.

A new development was the formation of a Family Help Service to be commenced in the new year. Full-time guaranteed workers, to be called Family Helpers, will receive payment on the basis of the current home help rate with the addition of the plus rate payable by the authority to home helps engaged on special types of work. These helpers will not commence work with families until they have received general training on the needs of families. Emphasis will be placed on the involvement of the Family Helper in case conferences.

Also considered was the attachment of particular home helps to elderly people living in groups of sheltered housing. This scheme will be tried as an experiment over the course of the next year.



### *Training.*

One Organizer completed her course of training during the year and was successful in her final examination for the Certificate in Home Help Organization. Seven organizers attended the Week-End School for Home Help Organizers held at Swansea by their Institute.

Training of home helps was undertaken divisionally, every effort being made to bring all new home helps into discussion group training within their first six months' of service thus ensuring that all those helps attending a training course have received preliminary training. Approximately 60 per cent of home help staff have received some form of training.

### *CHIROPODY SERVICE.*

With the appointment, in October, of a second County chiropodist, it was possible to ease the pressure in the North Herts and St. Albans Divisions where difficulty has been experienced in meeting demands on the service.

As anticipated, the steady growth in the service continued. There was an increase of approximately 7·2 per cent in the number of treatments given compared with 1968 and the number of treatments per 1,000 population increased to 58·2 per cent from last year's figure of 54·8 per cent per thousand.

The following table give details of treatments given during the three year period 1967-69.

TABLE 45.—TREATMENTS.

	1969.	1968.	1967.
<i>Private Chiropodists.</i>			
At sessions . . .	8,414 (16·8%)	8,536 (18·3%)	8,223 (18·9%)
In surgeries . . .	25,354 (50·7%)	24,004 (51·4%)	22,045 (50·7%)
At home . . .	16,274 (32·5%)	14,157 (30·3%)	13,211 (30·4%)
	<u>50,042</u>	<u>46,697</u>	<u>43,479</u>
<i>County Chiropodists.</i>			
At sessions . . .	1,728 (67·9%)	1,503 (64·2%)	1,652 (69·4%)
At home . . .	817 (32·1%)	839 (35·8%)	727 (30·6%)
	<u>2,545</u>	<u>2,342</u>	<u>2,379</u>
<i>Combined Totals.</i>			
At sessions . . .	10,142 (19·3%)	10,039 (20·5%)	9,875 (21·5%)
In surgeries . . .	25,356 (48·2%)	24,004 (48·9%)	22,045 (48·1%)
At home . . .	17,091 (32·5%)	14,996 (30·6%)	13,937 (30·4%)
	<u>52,589</u>	<u>49,039</u>	<u>45,857</u>

Although there was a slight increase in the number of patients being treated at sessions in clinics, old peoples' clubs, village halls, etc. in 1969 compared with 1968, the percentage of treatment decreased by 2 per cent. During the same period there was an increase of 2 per cent in the treatment being given to patients in their own homes. In every 1,000 treatments, 325 were given to housebound patients. This indicates that about one-third of the total number of patients receiving treatment are housebound. It is thought this is not the case but there is a tendency to suggest home treatment for an elderly person where the nearest surgery or sessional treatment base is at some distance. This is a matter which will need to be kept under close observation, in view of the high overall cost for home treatment compared with surgery treatment. In some instances the overall cost for home treatment is double the normal surgery fee.



## PART III—MANAGEMENT SERVICES.

TABLE 46.—STAFF IN EMPLOYMENT AT 31ST MARCH, 1970.

*(Equivalent Whole-Time).*

<i>Central Administration.</i>					
Medical and other professional . . . . .					7.0
Administrative and clerical . . . . .					84.5
					— 91.5
<i>Divisional Administration.</i>					
Medical and other professional . . . . .					25.0
Administrative and clerical . . . . .					67.7
					— 92.7
<i>Health and School Health Services.</i>					
Day nurseries—					
Nursery staff . . . . .					62.0
Domestics . . . . .					17.8
Departmental Medical Officers . . . . .					25.4
Dentists and dental auxiliaries . . . . .					22.3
Dental surgery assistants . . . . .					33.0
Domiciliary nursing service . . . . .					408.2
Health Education Officers and clerks . . . . .					5.5
Child Guidance—psychiatric social workers, social workers, psychotherapists, and clerks . . . . .					32.9
Speech therapists . . . . .					10.9
Orthoptists . . . . .					3.0
Audiometricians . . . . .					4.5
Ambulance Service . . . . .					289.0
Miscellaneous professional and other officers . . . . .					9.0
Clerical . . . . .					23.0
Caretakers, cleaners, and drivers . . . . .					32.7
					— 979.2
<i>Social Welfare Services.</i>					
Chiropodist . . . . .					2.0
Home Help Organizers and clerks . . . . .					32.3
Home Helps . . . . .					393.5
Mental Health—Training Centres—					
supervisory . . . . .					109.0
other . . . . .					25.9
Mental health—Residential Accommodation—					
supervisory . . . . .					23.4
other . . . . .					10.9
Residential Accommodation for the Elderly and the Infirm—					
supervisory and nursing . . . . .					99.1
other . . . . .					450.8
Social Work Units—					
Social workers . . . . .					82.9
Clerical and miscellaneous . . . . .					24.8
					— 1,254.6
Chaplains and Medical Officers (Residential Homes and Hostels . . . . .					34 P.T. —
					—
Total . . . . .					2,418.0

## RECRUITMENT AND TRAINING OF STAFF.

In spite of continuous endeavours by regular advertisements, often in areas remote from Hertfordshire, there is little improvement in the general staffing situation in virtually all services. Local newspapers bear witness to the immense variety of work available in Hertfordshire and there is little evidence that recruitment to local authority service within the “strait-jacket” of national conditions is likely to improve in the near future.

The Department continued to impress upon staff the value of professional qualifications, especially in the fields of social welfare, training centres and general administration, and the Department was able to send to full-time courses all those who were accepted. In this connection the Department of Health and Social Security have submitted information regarding qualified social work staff in Health and Welfare Departments as at 30th September, 1969, in respect of 46 Counties in England. It is interesting to observe that, in relation to population served, only six Counties employed a higher number of Social Workers qualified at Certificate of Social Work or similar level. However, only one-third of our staff were so qualified at that time, so it will be appreciated that much remains to be done both locally and nationally before the attainment of a fully qualified service.

TABLE 47.—NET EXPENDITURE CHARGEABLE TO RATES AND GRANT PER 1,000 POPULATION IN 45 ENGLISH COUNTIES—1968-69.

(a) Services Provided under the National Health Service Act, 1946.

	Service	Herts	Average English Counties	No. higher than Herts	
				1968-69.	1965-66.
		£ s.	£ s.		
	<i>Care of Mothers and Young Children.</i>				
1	Health Centres . . . . .	3 19	5 0	4	2
2	Day Nurseries . . . . .	91 19	39 13	1	2
3	Child Welfare Centres . . . . .	190 4	148 17	6	8
4	Mother and Baby Homes . . . . .	4 13	9 6	27	26
5	Other expenditure—including maternity outfits . . . . .	24 5	15 12	11	17
6	Midwifery . . . . .	213 14	193 3	17	20
7	Health Visiting . . . . .	105 0	142 7	37	36
8	Home Nursing . . . . .	242 18	283 6	37	36
9	Vaccination and Immunization . . . . .	26 16	14 8	9	14
10	Ambulance Services . . . . .	612 1	568 16	12	7
	<i>Prevention of Illness, Care and After-care.</i>				
	<i>Mental Health—</i>				
11	Residential Accommodation—Adults . . . . .	56 18	53 11	14	15
12	Residential Accommodation—Juniors . . . . .	25 3	25 1	20	21
13	Training Centres . . . . .	281 7	258 9	13	15
14	Other services (community care) . . . . .	101 6	91 7	14	29
15	Tuberculosis . . . . .	17 9	17 6	19	9
16	Other . . . . .	84 7	88 6	24	21
17	Domestic Help . . . . .	264 7	352 7	30	19
18	Services other than under N.H.S. Act, 1946 . . . . .	11 12	3 18	5	3
19	Administration . . . . .	299 16	360 4	39	39
20	Revenue contributions to capital outlay . . . . .	59 17	67 10	22	12
21	Net rateborne expenditure . . . . .	2,717 11	2,738 7	15	21

(b) Services Provided under the National Assistance Act, 1948.

	Service	Herts	Average English Counties	No. higher than Herts	
				1968-69.	1965-66.
		£ s.	£ s.		
22	Residential Homes provided by :—				
	(a) The Authority . . . . .	374 6	—	39	39
	(b) Other Authorities . . . . .	91 19	—	17	18
	(c) Joint user institutions . . . . .	120 2	—	6	12
	Total—Residential Homes . . . . .	586 7	670 8	34	35
23	Special Welfare Services—				
	(a) Blind persons . . . . .	41 13	58 3	36	41
	(b) Physically handicapped . . . . .	64 15	55 1	13	16
	(c) Contributions to housing authorities . . . . .	45 5	82 19	37	32
	(d) Other services . . . . .	13 5	26 12	36	40
24	Other expenses (including administration) . . . . .	67 14	176 6	44	42
25	Revenue contributions to capital outlay . . . . .	9 0	41 17	35	10
26	Total net expenditure chargeable to rates and grants . . . . .	827 19	1,111 6	42	40
27	Welfare services grants . . . . .	2 7	11 0	40	29
28	Net rateborne expenditure . . . . .	825 12	1,100 6	42	40
29	Numbers in residential accommodation per 1,000 population . . . . .	1.37	1.93	43	37
30	Proportion of population over 65 (per cent). . . . .	9.6	12.5	43	41



## STATISTICS.

Extracts from the statistics published by the Society of County Treasurers and the Institute of Municipal Treasurers and Accountants are set out in Table 47.

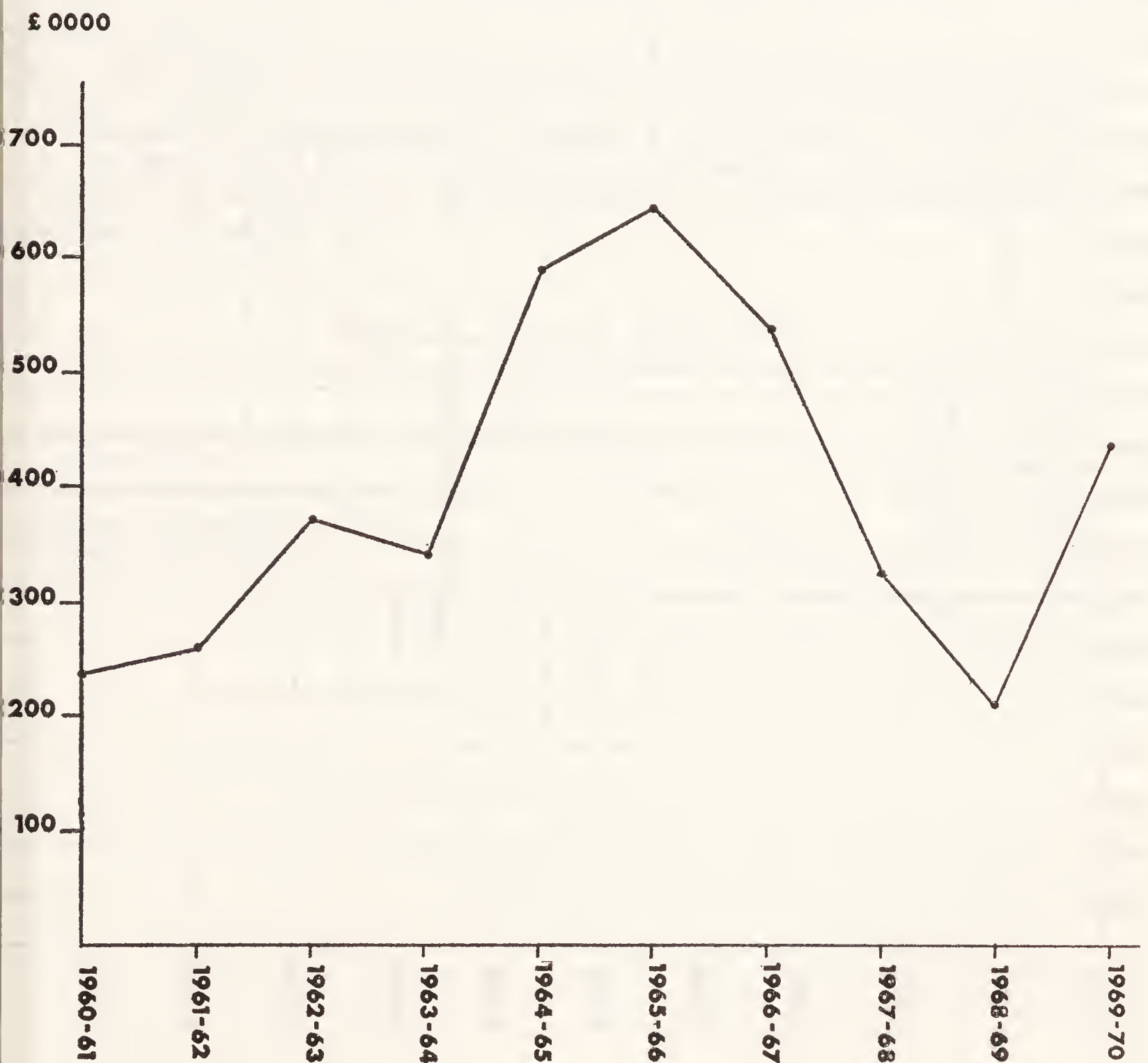
The yardstick "per 1,000 population" is probably the most practical available, bearing in mind the mass of information from which the statistics have been compiled, but it will be appreciated that differences in organization and methods of allocation of expenditure have considerable effects on the costings.

An additional column has been added to the table to show Hertfordshire's relative position in the league table in 1965-66, the first year of operation of the London Government Act, 1963.

It is somewhat chastening to discover that our relative position on most services has changed very little and it is probably not unreasonable to deduce that increased expenditure has done little more than combat inflation and that there has been only a small improvement in real terms in the services provided.

However, the overall improvement in the community care section of the Mental Health Service is encouraging as an indication of the rapid development of Social Work. Although it reflects problems well known to the Committee the relative decline in expenditure on domestic help is a case for serious concern.

GRAPH 5.—CAPITAL EXPENDITURE.



CAPITAL PROGRAMME AND EXPANSION OF THE SERVICE.

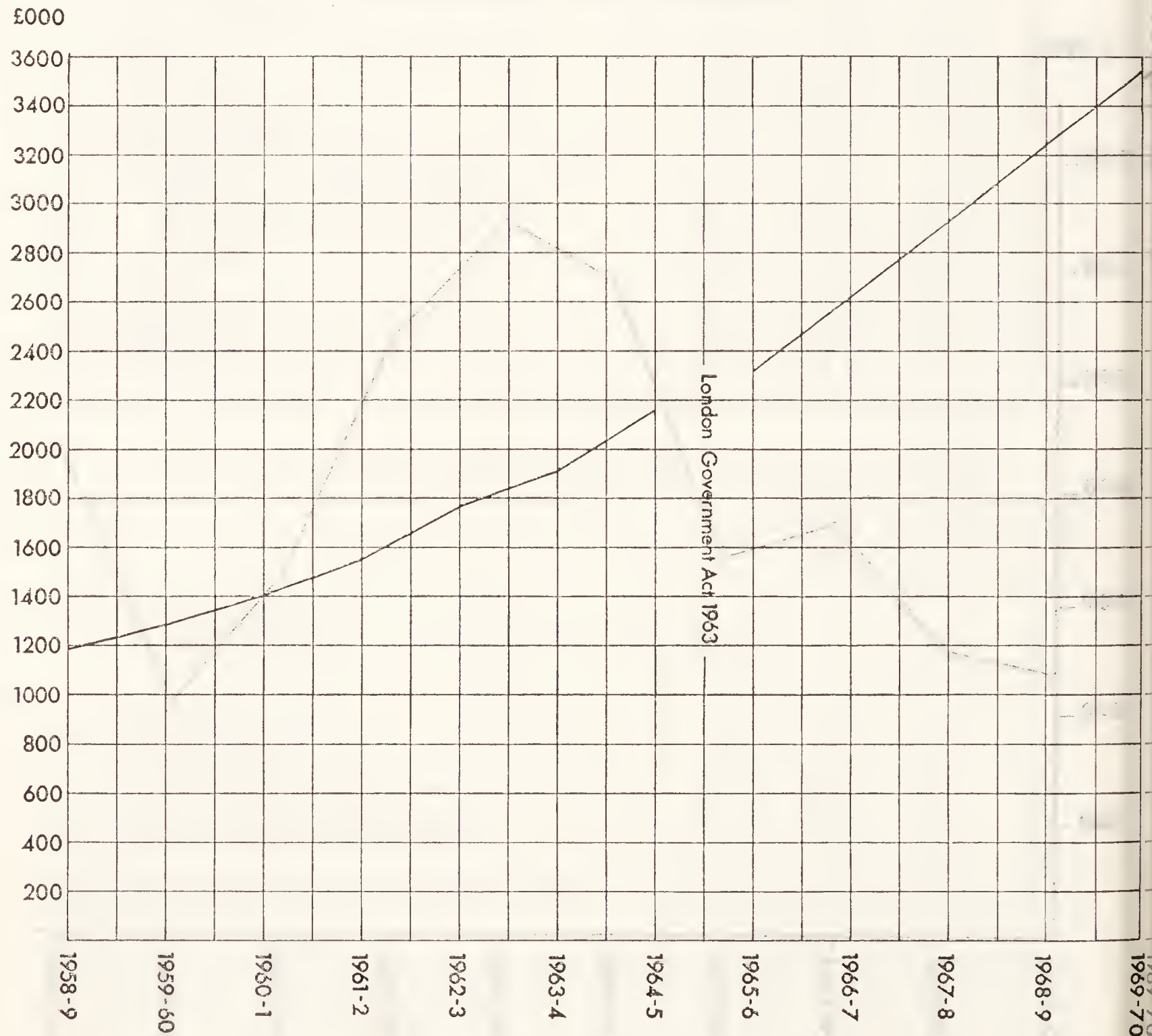
The Health Centre at Hoddesdon—the first in the County to provide accommodation for general practitioners in a County Council setting—was officially opened by Sir Derek Walker Smith, M.P., on 23rd September, 1969. Occupation was taken of the small Health Centre at Grove Hill and substantial progress was made with the extensions at Nevells Road Health Centre, Letchworth, and the new Health Centre at Buntingford.

It is pleasing to record that a start was made on the Adult Training Centre at Hoddesdon after frustrating delays and that the replacement of the old war-time Day Nursery at Bushey was brought a stage nearer with the commencement of work on the new Day Nursery at Oxhey. Substantial progress was also made with the new Mental Health Hostel at Horseshoe Lane, Garston.

The virtual completion of two homes for the elderly at Torworth Road, Boreham Wood, and Bury Road, Hemel Hempstead, with no other new homes immediately in prospect underlined the general concern of the officers regarding the central department allocations of loan sanctions. However, following the deputation to the Department we may now look forward to a programme of two homes a year until 1972-73.

The difficulties associated with acquiring sites for mental health hostels still constitute a considerable impediment to rapid development of this service.

GRAPH 6.—NET REVENUE EXPENDITURE.





## PART IV—SCHOOL HEALTH SERVICE.

### MEDICAL INSPECTIONS AND TREATMENT.

Although the number of children in the schools increased by some 6,000 the scheme of selective medical examinations resulted in a considerable drop in those seen at routine inspections. The new arrangement applied for the whole year throughout the County as an extension from the Mid-Herts Division where it had been successfully tried out for the previous four years. Children are thoroughly examined as entrants into the Primary Schools but from then on examination is based on selection following completion of a medical questionnaire issued to parents, or on request by parent, teacher, or nurse. Parental approval is sought in the latter instances. Vision testing, however, continues to be carried out as a routine.

Although there has always been a close relationship between the medical officer dealing with the children of a school and the teaching staff, this variation in the scheme for medical examination of school children necessitated an even closer and more intimate contact between the medical and health visiting staff and the school to ensure that children in need were brought to attention. During the first year of change the number of routine examinations fell from 37,577 to 17,013 (Table 48) whereas those referred for special examination rose from 1,592 to 2,799.

The adoption of the scheme of selective medical examinations has been a cause of some concern to a few headteachers but the closer contact mentioned above and the emphasis given to referral to a medical officer or health visitor at any time should help to reassure them. It should be appreciated that the majority of children with defects discovered on medical examination are already under treatment.

TABLE 48.—MEDICAL INSPECTIONS.

	1968.	1969.
Number of pupils on registers of maintained Primary, Secondary, and Special schools. . . . .	160,613	166,174
Number of periodic medical inspections . . . . .	37,577	17,013
Number of special inspections . . . . .	1,592	2,799
Number of re-inspections . . . . .	19,364	18,637

TABLE 49.—DEFECTS FOUND BY MEDICAL INSPECTIONS.

Defect (1)	Number of Defects							
	Already under treatment (2)		Recom- mended treatment (3)		Total (4)		Under observation (5)	
	1968	1969	1968	1969	1968	1969	1968	1969
Skin . . . . .	389	175	269	75	658	250	710	391
Eyes :								
(a) Vision . . . . .	1,699	398	844	296	2,543	694	1,745	501
(b) Squint . . . . .	286	188	89	76	375	264	192	172
(c) Other . . . . .	25	23	22	19	47	42	128	78
Ears :								
(a) Hearing . . . . .	112	80	216	150	328	230	628	660
(b) Otitis Media . . . . .	47	67	61	43	108	110	613	526
(c) Other . . . . .	12	20	8	6	20	26	227	193
Nose or Throat . . . . .	185	137	81	66	266	203	1,860	1,321
Speech . . . . .	73	104	122	121	195	225	463	476
Lymphatic Glands . . . . .	3	14	8	13	11	27	669	483
Heart . . . . .	43	35	24	9	67	44	425	289
Lungs . . . . .	154	84	34	20	188	104	613	601
Developmental :								
(a) Hernia . . . . .	16	14	24	17	40	31	72	72
(b) Other . . . . .	22	22	86	35	108	57	518	349
Orthopaedic :								
(a) Posture . . . . .	11	12	51	17	62	29	218	126
(b) Feet . . . . .	76	42	91	36	167	78	760	358
(c) Other . . . . .	92	66	55	37	147	103	508	330
Nervous System :								
(a) Epilepsy . . . . .	43	38	11	3	54	41	64	61
(b) Other . . . . .	36	23	3	6	39	29	140	149
Psychological :								
(a) Development . . . . .	16	12	18	44	34	56	332	556
(b) Stability . . . . .	50	28	76	64	126	92	882	693
Abdomen . . . . .	56	23	32	13	88	36	245	163
Other . . . . .	60	41	103	44	163	85	533	210
Total no. of defects found	3,506	1,646	2,328	1,210	5,834	2,856	12,545	8,758
Percentage of total defects	60.09	57.63	39.91	42.37				

### THE COUNTY DENTAL SERVICE.

A report by the County Dental Officer on the School Dental Service and the Maternity and Child Health Dental Service.

The overall staffing position at the close of the year varied slightly from the corresponding position in 1968. The year commenced with 18 salaried officers, 19 sessional dental officers, and 6 dental auxiliaries and closed with 19 salaried officers, 20 sessional officers, and 7 dental auxiliaries. During the last two



years the staff situation has become more stabilized with fewer resignations and appointments. One full time appointment was made to a Divisional Dental Officer post in January, and six sessional dental officers were appointed, mostly in the second half of the year. There were no resignations from salaried posts but five sessional dental officers gave up their part-time appointments. Amongst dental auxiliaries there was one resignation and a corresponding appointment, and with the opening of a replacement double surgery clinic in Hoddesdon, one new appointment to the dental auxiliary establishment was made in November. The total equivalent in terms of whole time operating personnel at the end of the year was 25·5 dental officers, and 6·8 dental auxiliaries.

A Dental Health Campaign was held from the 1st to 31st March, covering the whole of the County. It was directed to the population at large but particular attention was given to the priority groups, i.e. schoolchildren, expectant and nursing mothers, and pre-schoolchildren. The purpose of the campaign was to give information about the best methods of promoting and maintaining good dental health with the hope that this might lead to a change in attitudes and habits in terms of individual awareness of personal dental care.

With a County population of 900,000 persons it was considered essential that the responsibility for the local presentation of the campaign within the six health divisions of the County should be in the hands of the Divisional Medical and Divisional Dental Officers, whilst overall co-ordinating planning was the responsibility of the central staff at County Hall. In each health division a committee was formed to discuss and plan the activities which were to take place during the campaign. The size of the divisional committees varied, but basically it comprised the Divisional Medical Officer, Divisional Dental Officer, Divisional Nursing Officer, Divisional Education Officer, and one of the Health Education Officers. In some divisions the committee was augmented by the inclusion of a representative from one or more of the following interested groups: Teachers; School Meals Organizers; Supervisors of Day Nurseries and Play Groups and local Retail Chemists.

The overall planning of the County campaign was discussed and arranged at a number of central co-ordinating meetings which were attended by the central staff, Divisional Medical Officers, Divisional Dental Officers, Divisional Nursing Officers, and the Health Education Officers.

Schools throughout the County were offered the choice of carrying out a dental health project or receiving a visit from a member of the Health and Welfare staff to talk to the children on dental care. In many cases the talks were arranged in association with the showing of a dental health film. A request for a speaker was received from 218 schools, whilst 172 schools undertook their own projects. Of the total number of replies received from head teachers, 52 indicated that they were unable to participate in the campaign. All schools taking part were issued with the specially designed four colour campaign poster produced by the Oral Hygiene Service. In addition a large number of schools accepted the offer of supplies of other posters and leaflets. Schools carrying out projects of their own were supplied with copies of the Nuffield type teaching article entitled "Teach Yourself Dental Health" by I. H. Maddock and D. Downton. Projects undertaken by schools included painting and modelling, maths lessons incorporating statistics and graphs related to a dental theme, essays on tooth care and history lessons covering dentistry through the ages. Some schools arranged more ambitious programmes. At least one school produced a "molar ballet" and others produced plays. One infants' school devoted the whole of the school assembly hall to a dental health exhibition, the display items of which were produced by the children.

All clinics and health centres were involved in the campaign. The degree of participation varied from poster displays in the smaller part-time clinics to well executed exhibitions and more elaborate displays at the health centres. Talks and film shows were given at ante-natal and child health clinics. A number of commercial organizations kindly provided each division with toothpaste



samples, pamphlets, posters and crisps and one division was fortunate in being given a generous supply of high quality eating apples.

The campaign poster was widely distributed throughout the County and was displayed in dental and medical practitioners waiting rooms, libraries, shops, youth centres, some post offices and many other positions. The exceptional display facilities of the public libraries throughout the County were made available by the County Librarian during the period of the campaign and some excellent displays were produced. At a number of cinemas, dental health films were shown during the children's Saturday morning performances. Press conferences were arranged and coverage of the campaign was good.

Time spent on the campaign was necessarily considerable in view of its extent. Apart from the time allocated to the campaign by the central staff, the Health Education Officers gave approximately 75 per cent of their time to preparatory and campaign work. A large number of dental and nursing staff took part in the fieldwork and the extent of their participation is shown by the following figures : The dental staff gave 273 sessions to preparatory work and 358 sessions to dental health talks whilst the corresponding figures for the nursing staff were 243 and 124 sessions.

Subjective and objective means were used to provide an indication of the effects of the campaign and levels were assessed just before the campaign and then at intervals of three and eight months after. The subjective assessment was carried out by means of self completion questionnaires in the form of a memory test given to schoolchildren. One of the objective evaluations was made by an assessment of the extent of food débris on the teeth and gums in a sample of more than 700 children. Another objective assessment was made by a comparison of request appointments before and after the campaign.

Dental health teaching is not likely to have much effect where items of a dentally harmful nature are sold at school during breaktime. The success or otherwise of a campaign, which seeks to influence children's eating habits during the day time, must therefore depend to a very large extent upon the attitude taken by the school in respect of its responsibilities for the dental health of its pupils.

An evaluation of the campaign as a whole indicates that changes in habits did occur in the short term amongst the schoolchildren, but these, with few exceptions, were not large or lasting, and the picture eight months after the campaign varied only slightly from the pre-campaign position. It would appear in respect of tooth cleaning habits and eating habits at break time that secondary schoolchildren responded to the campaign to a greater degree than primary schoolchildren. As the result of the campaign some schools discontinued their tuck shops. Where school tuck shops continue in use, however, the importance of the rôle which schools can play by restricting their sales to snacks which are less dentally harmful, cannot be overstressed.

The County Medical Officer and the Principal Dental Officer wish to express their appreciation of the help that was given by all persons who participated in the campaign, by Head Teachers who arranged for questionnaires to be completed, and by commercial organizations who provided material assistance.

The long term results obtained from dental health education are necessarily not spectacular, but there is an indication that some progress has been made in the last 10 years in this field by reference to the latest national quinquennial carries survey figures which show an improvement in the extent of dental decay in both the 5 and 12 year old age groups and which may well be due to improved personal care as the result of dental health education. This slow progress in the improvement of the dental health of schoolchildren represents a strong argument for an extension of fluoridation of public water supplies, the results of which have been shown to produce a very significant improvement in dental health. At present, about 1 child in 11 in the County benefits from this measure. In contrast, 75 per cent of the children in New Zealand receive the advantage of



fluoridated water, with the result that already the staff requirements for the treatment of young children have been reduced.

A review of the statistical table relating to the school dental service indicates that 178 more sessions were given to treatment compared with 1968. There was, however, a reduction in the number of sessions devoted to school dental inspections which resulted from an increased demand for treatment. This increased demand is indicated by the acceptance rate for treatment which rose from 55 per cent in 1968 to 62 per cent this year. In comparison with the previous year there were 3,258 more attendances for treatment. Fillings in permanent teeth rose from 35,573 to 36,671, whilst fillings in temporary teeth showed a drop of approximately the same amount. The total number of courses of treatment increased by 852. There was a substantial rise of 261 sessions given to dental health education as a result of the dental health campaign in the early part of the year. Reference to the statistical table covering the maternity and child health service indicates that the steady progress which has been made for pre-school children during the past years has continued during 1969, with increases in the number inspected and treated, and in the amount of treatment carried out for them.

In concluding this report I would like to express my appreciation of the willing co-operation of all dental staff throughout the year.

TABLE 50.—DENTAL INSPECTION AND TREATMENT.

<i>School Children.</i>				
Number of pupils on the register of maintained Primary and Secondary Schools, including Nursery and Special Schools, in January, 1970 . . . . .				166,174
<i>Attendances and treatment.</i>				
	<i>Ages 5 to 9.</i>	<i>Ages 10 to 14.</i>	<i>Ages 15 and over.</i>	<i>Total.</i>
First visit . . . . .	12,804	9,576	1,936	24,316
Subsequent visits . . . . .	23,937	21,582	4,410	49,929
Total visits . . . . .	36,741	31,158	6,346	74,245
Additional courses of treatment commenced	3,280	1,648	244	5,172
Fillings in permanent teeth . . . . .	11,830	19,958	4,883	36,671
Fillings in deciduous teeth . . . . .	20,993	2,088	—	23,081
Permanent teeth filled . . . . .	9,667	17,167	4,377	31,211
Deciduous teeth filled . . . . .	19,106	1,923	—	21,029
Permanent teeth extracted . . . . .	413	2,618	537	3,568
Deciduous teeth extracted . . . . .	10,376	2,939	—	13,315
General anaesthetics . . . . .	4,261	1,671	160	6,092
Emergencies . . . . .	2,181	911	169	3,261
Number of pupils X-rayed . . . . .				2,750
Prophylaxis . . . . .				6,356
Teeth otherwise conserved . . . . .				5,289
Number of teeth root filled . . . . .				184
Inlays . . . . .				2
Crowns . . . . .				91
Courses of treatment completed . . . . .				23,827
<i>Orthodontics.</i>				
Cases remaining from previous year. . . . .				938
New cases commenced during year . . . . .				522
Cases completed during year . . . . .				422
Cases discontinued during year . . . . .				89
Number of removable appliances fitted . . . . .				891
Number of fixed appliances fitted . . . . .				138
Pupils referred to Hospital Consultant . . . . .				25
<i>Prosthetics.</i>				
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time) . . . . .	6	36	23	65
Number of dentures supplied . . . . .	6	39	27	72
<i>Anaesthetics.</i> General anaesthetics administered by dental officers . . . . .				
				37
<i>Inspections.</i>				
(a) First inspection at school. Number of pupils . . . . .				85,158
(b) First inspection at clinic. Number of pupils . . . . .				14,570
Number of (a) + (b) found to require treatment . . . . .				49,781
Number of (a) + (b) offered treatment . . . . .				40,590
(c) Pupils re-inspected at school clinic or. . . . .				13,484
Number of (c) found to require treatment . . . . .				7,136
<i>Sessions.</i>				
Sessions devoted to treatment . . . . .				11,074
Sessions devoted to inspection . . . . .				691
Sessions devoted to Dental Health education . . . . .				411



# DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS.

## Attendances and Treatment.

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers.</i>
<i>Number of Visits for Treatment During Year.</i>		
First visit . . . . .	2,182	139
Subsequent visits . . . . .	4,010	320
Total visits . . . . .	6,192	459
Number of additional courses of treatment other than the first course commenced during year . . . . .	453	18
Treatment provided during the year—number of fillings	5,328	364
Teeth filled . . . . .	4,784	332
Teeth extracted . . . . .	1,257	124
General anaesthetics given . . . . .	655	21
Emergency visits by patients . . . . .	309	19
Patients X-rayed . . . . .	28	24
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	632	87
Teeth otherwise conserved . . . . .	979	—
Teeth root filled . . . . .	—	3
Inlays . . . . .	—	2
Crowns . . . . .	—	1
Number of courses of treatment completed during the year	1,903	103

## Prosthetics.

Patients supplied with F.U. or F L. (first time) . . . . .	6
Patients supplied with other dentures . . . . .	12
Number of dentures supplied . . . . .	29

## Anaesthetics.

General Anaesthetics administered by dental officers . . . . .	1
----------------------------------------------------------------	---

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers.</i>
<i>Inspections.</i>		
Number of patients given first inspections during year . . . . .	4,023	259
Number of patients who required treatment . . . . .	2,244	208
Number of patients who were offered treatment . . . . .	2,240	205

## Sessions.

Number of dental officer sessions (i.e. equivalent complete half days (devoted to maternity and child welfare patients.	For treatment	1,339
	For health education	12

## OPHTHALMIC AND ORTHOPTIC SERVICE.

The Ophthalmologists in charge of the different clinics are provided by the Regional Hospital Board and see children referred to the clinics by the Departmental Medical Officers, if there is a suspicion of defect of vision or of having a squint. Although there was a slight fall in the number of sessions in 1969 due to changes among these specialists, the number of attendances increased for both new cases and for the re-inspections.

The Orthoptists, all trained and qualified in this work, carried out their duties under the general supervision of the Ophthalmologists. There were some changes among them too during the year as there was a scarcity of these officers but the fewer sessions were complemented by more attendances.

Though the waiting period for a case to be seen varied up to several weeks in certain areas, the number of children on the waiting list at the end of the year was only 47.

The Orthoptists in their comments have mentioned the long waiting period for squint operations in the north and south-west of the County, but the new hospitals shortly to be completed in these two divisions will probably ease the problems.

TABLE 51.—OPHTHALMIC CLINICS, 1969.

Centres	No. of Sessions	Attendances		No. of Refractions	No. of pupils for whom spectacles were prescribed
		New	Rx.s		
<i>North Herts.</i>					
Hitchin . . . . .	32	118	153	56	26
Stevenage . . . . .	30	56	167	54	50
<i>East Herts.</i>					
Hertford . . . . .	85	165	447	609	202
Bishop's Stortford . . . . .	28	90	286	374	137
Buntingford . . . . .	4	27	33	5	12
Cheshunt . . . . .	41	109	387	498	201
<i>Mid-Herts.</i>					
Hatfield . . . . .	21	83	254	207	101
Welwyn Garden City . . . . .	47	182	630	387	213
<i>St. Albans.</i>					
St. Albans . . . . .	71	275	541	906	300
Harpenden . . . . .	24	90	184	261	103
Boreham Wood . . . . .	38	101	495	235	137
<i>South-West Herts.</i>					
Watford . . . . .	184	396	1,006	1,196	293
Rickmansworth . . . . .	17	51	82	133	37
<i>Dacorum.</i>					
Berkhamsted . . . . .	4	46	19	65	7
Hemel Hempstead . . . . .	84	318	526	829	238
Totals . . . . .	710	2,107	5,210	5,815	2,057



TABLE 52.—ORTHOPTIC CLINICS, 1969.

Clinic	Sessions	Attendances	No. of Children as at 31.12.69		Waiting List of new cases as at 31.12.69
			Under treatment	Under observation	
Stevenage . . .	55	323	36	75	16
Hitchin . . .	91	538	31	138	—
Cheshunt . . .	26	343	23	89	6
Ware . . . . .	65	281	16	47	—
Hatfield . . . .	53	416	12	109	—
Welwyn Garden City	131	995	23	257	—
St. Albans . . .	326	1,733	50	215	2
Watford/Oxhey .	422	2,947	50	31	11
Hemel Hempstead .	175	1,011	63	53	12
Totals . . . . .	1,344	8,587	304	1,014	47

### AUDIOLOGY.

Although the service had the help during the latter part of the year of an additional part-time officer (Dr. Homan) to assist the County Otologist (Dr. Bickerton) there was still in certain areas of the County a waiting time of several weeks before children could be examined. As will be seen from Dr. Bickerton's statement, some of their time had to be used training health visitors in the testing of small babies, but as this is a very essential part of the service, it must be accepted as a positive contribution to the screening programme. It is of the utmost importance that all babies are examined when about 6–9 months old and that parents are shown how to help their children suffering from congenital hearing defects to minimize the effects of the defect, and where hearing aids are advised to try to get the young children gradually to accept the wearing of an aid thus facilitating a normal means of communication.

Mr. Grossman, the senior advisory teacher for the deaf, shows in his report the pattern of the work of his team, and how the service both in the partially hearing units and in the ordinary schools aims to meet as comprehensively as possible the requirements of children with a defect in their hearing.

Although the audiometricians endeavour to screen all the children within the entrants classes of infants' schools, a vacancy on the staff during part of the year did not enable all this to be done.

There is a shortage of qualified audiometricians in the country as a whole, but during 1970 it is hoped to appoint suitable persons for secondment for the nine months' training necessary.

#### *M. V. Bickerton, County Consultant Audiologist reports :—*

1969 saw the opening of a new Audiology Clinic at Hoddesdon, and this has enabled the children in the east side of the County, to be seen in a local audiology clinic. There are now six audiology centres within the County, so that most of the children live within a reasonable distance of a centre. The occasional clinic has been held within the Partially Hearing Units and also at the Watford Spastics Centre.



Two Health Visitors' Courses lasting two days each have been held with about 20 Health Visitors attending each Course.

When analysing the figures for the cases attending the Audiology Clinics, it is interesting to note that of the new cases, the numbers of referrals are almost equally divided between the pre-school and school children, but 80 per cent of the children seen, are eight years and under. About 8 per cent of the new cases are referred to the clinics directly from the General Practitioners, and 12 per cent from Hospital Consultants in E.N.T., Paediatric and Psychiatric Departments. The other cases are referred through the Local Authorities. It is particularly encouraging to feel that the service is of such value to local hospitals and General Practitioners.

Ninety of our cases have been referred to hospitals for a surgical opinion.

The peripatetic service of advisory teachers of the deaf is continuing to give a very good liaison between the clinic and the normal schools, and also to help the children and parents of the pre-school child.

*Report of the Senior Advisory Teacher for the Deaf, Mr. D. H. Grossman :—*

The following were the numbers of children in the County at the end of 1969 sufficiently impaired in hearing to require the use of hearing aids, who are not attending special schools for the deaf or partially hearing :—

<i>Division.</i>	<i>Pre-school.</i>	<i>Infant schools.</i>	<i>Junior schools.</i>	<i>Secondary schools.</i>	<i>E.S.N., P.H. schools.</i>	<i>Partially-hearing Units.</i>	<i>Total.</i>
North . . .	4	1	4	10	4	—	23
Stevenage . .	3	4	6	4	2	12	31
East . . .	13	3	13	16	2	16	63
Mid . . .	5	4	6	10	—	—	25
St. Albans . .	5	2	12	3	1	18	41
South-West . .	6	6	13	16	13	21	75
Dacorum . . .	6	2	9	12	1	—	30
	—	—	—	—	—	—	—
	42	22	63	71	23	67	288
	—	—	—	—	—	—	—

Children in partially hearing units are listed in the divisions in which they are in schools. The 14 children who have hearing aids and are of school age, who attend training centres are not listed above.

The overall total has increased by 19 on last year's figure. The number of pre-school hearing handicapped children shows the greatest increase since last year—from 31 to 42 and has continued to rise during the early part of 1970. The number of children attending partially hearing units has increased by 8 although no additional units were opened during the year. This increase is largely due to children requiring this form of education moving into the County. It is interesting to compare the present figures with those early in 1964 when the first unit was opened. The overall figure then was 177 which included 21 pre-school children and 6 in the partially hearing unit. One would imagine that as there are now 67 in partially hearing units the number of hearing handicapped children in normal classes or in schools for the deaf or partially hearing would have decreased. However, the number of normal in schools remains fairly constant and that in schools for the deaf has increased. The marked increase over these years can only be ascribed to better diagnosis and to many more hearing handicapped children moving into the County than moving out.

In addition, there are a comparatively large and varying number of children with defective hearing in normal schools who do not need hearing aids but require occasional sessions of the advisory teachers' time. Many of these children have slight bilateral conductive or severe unilateral deafness, which can cause educational retardation unless their teachers are aware of the problems caused and understand how to alleviate them.



*Pre-Schoolchildren.*

Two advisory teachers were employed in working with these children and guiding their parents. It was not possible to hold a residential course for these parents in 1969. The next one is planned for September, 1970.

It is good to know of the new vaccine for Rubella (German Measles). Rubella during pregnancy is the cause of deafness in a significant proportion of children with severe congenital hearing losses. In December, the proportion of the pre-schoolchildren on our lists whose deafness was related to maternal Rubella was 27 per cent.

It is important that work is started with hearing handicapped children as early as possible. Of those on the foregoing list 70 per cent were diagnosed by the age of 2, which is a slight improvement on the preceding year.

*Partially Hearing Children in Normal Schools.*

The work has continued largely as before. However, the following innovations have taken place. A system of radio communication between a severely partially hearing child in a normal secondary school and her teachers has been successfully tried and is likely to be used increasingly with similar children in the future. Instead of holding an annual one-day course for all teachers who have partially hearing children in ordinary classes in the County, a series of local seminars for small groups of teachers has been started.

*Partially Hearing Units.*

The seven primary and one secondary partially hearing units continued to provide for the special educational needs of the more educationally handicapped of partially hearing children while allowing them to gain from the benefits of being in a normal school environment and to continue to live at home.

The former Pemberton Junior School Unit, St. Albans, moved into its new home in the new Maple J.M.I. School in September. An infant unit will be opened in the same school during next year.

Radio microphones are now being used successfully in two of the partially hearing units.

A major problem of partially hearing units is the finding of qualified and experienced teachers of the deaf to staff them. There is a general shortage throughout the country. The County Education Committee is always willing to consider seconding teachers for the necessary one year's extra training.

TABLE 53.—AUDIOMETRY TESTING, 1969.

*(1) Screen Testing :*

(a) No. of sessions	.	.	.	.	.	.	.	292
(b) Schools visited	.	.	.	.	.	.	.	240
(c) Pupils tested	.	.	.	.	.	.	.	13,287
(d) No. of children—normal hearing	.	.	.	.	.	.	.	12,355
(e) No. of children—failed test	.	.	.	.	.	.	.	932

*(2) Individual Audiometric Testing :*

(a) No. of sessions	.	.	.	.	.	.	.	467
(b) Children tested—(Screen Test Failed)	.	.	.	.	.	.	.	660
(c) Children tested—(Referred by M.O.s)	.	.	.	.	.	.	.	2,577
(d) Children found to have hearing within normal limits	.	.	.	.	.	.	.	1,837
(e) Children reported for further investigation	.	.	.	.	.	.	.	1,303
(f) Children awaiting testing	.	.	.	.	.	.	.	133

*(3) Audiology Clinics :*

(a) No. of sessions	.	.	.	.	.	.	.	226
(b) Children tested	.	.	.	.	.	.	.	1,126
(c) Ear moulds prepared for hearing aids	.	.	.	.	.	.	.	393

TABLE 54.—AUDIOLOGY CLINICS, 1969

	CLINICS									
	Hatfield		Hemel Hempstead		Hitchin		Watford		St. Albans	
	School Children	Others	School Children	Others	School Children	Others	School Children	Others	School Children	Others
No. of sessions . . . . .	36		52		49		35		38	
Attendances—										
New cases . . . . .	32	32	49	59	50	53	45	37	40	43
Re-examinations . . . . .	116	25	141	58	132	53	100	34	113	44
Total . . . . .	148	57	190	117	182	106	145	71	153	87
Number of new cases reported as having—										
Normal hearing . . . . .	7	20	18	34	10	36	13	18	16	25
Impaired hearing . . . . .	14	7	24	11	25	6	24	1	16	5
Partial hearing . . . . .	6	1	4	1	11	—	5	2	3	2
Severe deafness . . . . .	2	—	—	—	2	1	1	2	2	1
Degree of hearing not yet known . . . . .	5	5	3	13	3	9	1	15	4	10
Recommendations—										
Discharged . . . . .	22	23	41	40	32	42	30	21	34	31
For follow-up appointments . . . . .	125	33	150	75	156	63	112	50	117	57
Special schools . . . . .	—	1	—	—	—	1	—	1	—	—
Auditory training . . . . .	1	—	1	—	2	1	—	1	3	1
For educational psychologist I.Q. test . . . . .	1	—	1	1	2	1	2	1	2	—
Referred ? Surgery . . . . .	10	—	16	2	25	2	13	—	14	2
No. of hearing aids issued during year . . . . .	4	—	3	3	11	4	4	3	4	2
Cases waiting first examination appointment . . . . .	10	6	1	3	7	17	11	12	5	—



## SPEECH THERAPY SERVICE.

Little of moment occurred during the year in the Speech Therapy Service which on the whole is more fortunate in the number of its therapists than many other authorities. Although there were occasionally vacancies owing to domestic reasons, it was possible to meet most of the demands made upon the service although the head teachers of a few of the schools for the educationally sub-normal would have wished for more help for some of their pupils.

Reference was made in last year's report to the experimental speech units at Hemel Hempstead and Stevenage, and a report from the therapist at the Stevenage unit follows a general statement from Mr. Willmore, the senior speech therapist.

At the unit at Hemel Hempstead, the admission of four more children brought the total there to ten. One child was transferred during the year to an ordinary school leaving nine at the unit at the end of the year.

### *Mr. L. Willmore, Senior County Speech Therapist Reports :—*

There was a drop in the number of sessions held, and in the number of individual children seen at speech clinics in 1969 compared with 1968. A total of 995 fewer sessions were held, and 234 fewer children attended for treatment. This was largely due to staffing difficulties, leaving parts of the County without speech therapists for several months. The position improved by the end of the year, but there is a constant risk of staff shortages due to therapists leaving to be married, or when married, starting families.

The two Special Units at Hemel Hempstead and Stevenage for children with severe speech and language deficits are now well established and working to capacity. The problem of placement of some of these children when they reach seven years is being considered, and it is hoped that those who cannot be transferred to existing schools will be provided for by Junior Units or special classes.

More attention is being given to the assessment and diagnosis of pre-school-children with delayed language development. Although direct speech therapy is not always indicated with very young children, it is important that parents should be helped to understand and stimulate communication by guidance from a speech therapist. A great deal of special study is given to all aspects of language development, and our therapists have an opportunity to attend conferences and refresher courses from time to time.

### *Report by Mrs. M. Evesham, Speech Therapist on the Speech and Language Unit in Stevenage :—*

In January, 1969, the Speech and Language Unit in Trotts Hill Infants' School, Stevenage, moved from a temporary classroom in the Junior School building to the new Infant School building. It moved into another temporary classroom with a small space curtained off as an individual tuition and treatment area. The purpose-built Unit will be ready in September, 1971.

At the beginning of the year there were *three* children attending, all from Stevenage. During the term *six more* were admitted, making a total of nine, some of these being brought in by taxi from Welwyn Garden City. In September *one* of the early pupils was very successfully integrated into the *Junior School*, his parents choosing to send him there rather than back to his neighbourhood school. He continued to attend the Unit twice weekly for half-hourly periods of speech therapy. In October, another child was admitted, so the total on the register in December, 1969, was nine. The last child to be admitted was living in Potters Bar. He was brought into Welwyn Garden City by his mother, then brought by taxi the rest of the way.

There were initial anxieties about the long distances the children had to travel but in fact they all adapted very quickly to the journey. Concern had



also been expressed about taking children away from their neighbourhood friends but this proved to be unfounded. One parent commented on the fact that her child was now playing with local children for the first time because his gain in confidence and social maturity added to his now more intelligible speech had made him more socially acceptable to his peers.

The ages of the children ranged from 5 to 7 years, their difficulties were either ones of delayed language or gross articulation disorders or, more usually, both of these. The intelligence of all the children was "average" or "above average" but all had other learning difficulties and were previously not reaching their potential.

The Unit functioned as any other class in the school, taking part in all school activities with the other classes. The co-operation of the head teacher and all members of the school staff with the Unit staff made this integration most successful. The children in the school and unit were not made aware that there was anything "special" about this class.

As full-time speech therapist I took part in all activities and duties as any other member of the staff. In the classroom I was able to give the children individual direct help of course, but the most successful aspect of this arrangement was the indirect help I was able to give the children in groups and in the classroom within the framework of the informal infant classroom activities. I was able to take advantage of situations which arose naturally in this atmosphere for speech and language building. Throughout the year the teacher,

TABLE 55.—SPEECH THERAPY CLINICS, 1969.

Clinics	Sessions	Attendances	No. of Children as at 31.12.69		Waiting List of new cases as at 31.12.69
			Under treatment	Under observation	
<i>North Herts.</i>					
Letchworth . . .	84	532	21	7	6
Stevenage . . .	258	1,592	41	66	13
Hitchin . . .	87	702	23	13	13
Royston . . .	78	466	15	4	3
<i>St. Albans.</i>					
St. Albans . . .	317	1,315	43	103	18
Harpenden . . .	86	454	17	28	13
Boreham Wood . . .	44	166	24	72	5
London Colney . . .	11	38	4	5	—
<i>Dacorum.</i>					
Hemel Hempstead . . .	183	739	17	15	37
Berkhamsted . . .	106	373	26	33	3
<i>Mid Herts.</i>					
Hatfield . . .	77	369	15	56	4
Welwyn Garden City . . .	150	852	32	32	—
Potters Bar . . .	106	404	23	33	1
<i>East Herts.</i>					
Waltham Cross . . .	47	235	9	12	1
Hoddesdon . . .	152	906	34	29	6
Ware . . .	151	775	21	20	4
Bishop's Stortford . . .	92	538	17	22	3
Hertford . . .	76	374	10	40	7
Cheshunt . . .	130	806	24	37	8
<i>South-West Herts.</i>					
Watford . . .	557	2,107	73	67	13
Rickmansworth . . .	73	301	18	10	10
Oxhey . . .	297	1,394	44	26	2
Totals . . .	3,162	15,438	551	730	170



speech therapist, and welfare assistant worked as a team and the progress shown by the children in social maturity, educational achievement and speech and language has, in my opinion, fully justified these methods and the existence of this Unit. We hope to continue in this way, learning more about speech and language problems as we do, so that more children with these difficulties will be able to benefit from this form of education in the future.

HANDICAPPED CHILDREN.

The care given to handicapped children has been a very pleasing feature of the education scene for a great many years now, and the facilities for them continue to grow in number and variety. This increase is of particular importance for many children have multiple handicaps and the greater the number and variety of facilities available children are able to be looked upon much more as individuals and suitable placements made. Furthermore, greater flexibility within the educational system and a close contact with the parents who have their own problems of caring for a handicapped child often produce an answer to the child's needs with less emotional upset to the child and to the parents. Not only do the schools for the educationally sub-normal accept children with associated disabilities but an increasing number of handicapped children are able to attend ordinary schools with the help of an additional non-teaching member of the staff—this has been found of value so far as some children with a spina bifida handicap are concerned.

Table 57 shows that the categories with the greatest number requiring special education away from home are still the maladjusted and the educationally sub-normal, though with the day places now available less than one-tenth require residential schooling.

Table 58 gives the details of special classes and units with the number of children in attendance at them.

As the borderline between the suitability of a special school for educationally sub-normal children or a training centre is ill-defined the flexibility mentioned earlier again is of importance.

It is anticipated that the training centres will become the responsibility of the Education Authority in 1971, and the close liaison which has already been built up between the Health and Education staffs cannot but be of benefit when the change-over takes place.

The following table gives details of the numbers attending the six junior Training Centres.

TABLE 56.

<i>Centre.</i>	<i>Special care and nursery.</i>	<i>5-15 years.</i>	<i>Total.</i>
St. Albans J.T.C. . . .	16	43	59
Hemel Hempstead J.T.C. . .	24	27	51
Hitchin J.T.C. . . . .	26	42	68
Amwell View J.T.C. . . . .	26	47	73
Watford J.T.C. . . . .	19	48	67
Welwyn Garden City J.T.C. . .	26	45	71

TABLE 57.—HANDICAPPED PUPILS, 1969.

Category	During the calendar year ended 31.12.69		As at 22nd January, 1970							No. of children awaiting placement on 22.1.70	
	New cases assessed	New admissions	No. of Children Receiving Special Educational Treatment			At home	Hospitals, units, and special classes	Total	Day	Res.	
			Special schools	Independent schools	Boarding homes or hostels						
Blind . . . . .	2	4	—	—	—	1	—	15	—	1	
Partially Sighted . . . . .	6	5	19	1	—	1	—	34	1	1	
Deaf . . . . .	5	8	8	38	—	1	—	74	1	4	
Partially Hearing . . . . .	2	2	1	—	—	—	68	83	—	1	
Physically Handicapped . . . . .	16	15	63	21	2	9	9	146	1	1	
Delicate . . . . .	15	10	1	3	1	2	—	39	—	2	
Maladjusted . . . . .	102	97	27	170	17	28	176	582	4	35	
Educationally Sub-Normal . . . . .	237	207	1,063	20	—	4	12	1,194	39	2	
Epileptic . . . . .	5	6	—	—	—	1	—	14	—	—	
Speech . . . . .	1	1	—	—	—	—	20	21	—	1	
Totals . . . . .	391	355	1,182	253	20	47	285	2,020	46	48	



TABLE 58.—HANDICAPPED PUPILS. SPECIAL CLASSES AND UNITS.

Unit or Class	No. of	Number of Children in Attendance as at 22.1.70						
		North	East	South West	Mid	Dacorum	St. Albans	Totals.
Partially hearing .	8	13	16	21	—	—	18	68
Emotionally disturbed and retarded .	18	55	25	22	14	17	20	153
Speech defective .	2	11	—	—	—	9	—	20
Physically handicapped .	1	—	—	9	—	—	—	9
Totals .	29	79	41	52	14	26	38	251

### *CARE OF AND SPECIAL EDUCATION FOR THE HANDICAPPED CHILD.*

In essence the aim of the special education service is to find the children who cannot benefit from education in the normal school and to provide whatever help they need. This can involve sending a child to a boarding school anywhere in this country or to a day special school or it may mean only explaining his difficulties to his teacher and making sure that he sits in a favourable position in the classroom. The decision on the kind of help that a child needs must always be a difficult one, made by several people in consultation and taking into account the child's personality and ambitions and his parents' plans for him as much as his disability. The carrying out of the decision depends primarily on teachers but to a considerable extent also on whoever he comes into contact with—social workers, housemothers, doctors, and the innumerable people involved in the care of a handicapped child.

The biggest single handicap is educational sub-normality. There are now six day and two day and boarding schools in this County for E.S.N. children and it is interesting to see the gradual change of emphasis in the work they are doing. More and more they are becoming schools for children who for a wide variety of reasons cannot cope with normal education and though generally speaking the pupils are well below average intelligence, the range of intelligence is in fact wide and the children may be suffering also from physical or psychological difficulties. Two of the schools have specially built units for emotionally disturbed children and all the schools are facing the fact that they must deal, whether in special classes or not, with quite seriously disturbed children.

Two other interesting developments in these schools are the work that is being done with very young children and the tendency of increasing numbers of children to stay on over the statutory school-leaving age which is sixteen for handicapped children. Until recently it was customary for children to be referred to E.S.N. schools at the age of seven or eight after a period in the primary school but increasingly children are now being admitted at the age of six or even younger and the schools are finding that they are building up an infant/observation unit. At the same time new methods are being developed with older boys and girls some of whom attend colleges of Further Education or even go out to work one or two days a week, returning to school for the rest of the week. The Careers Advisory Service plays a very valuable part in helping these young people to settle into employment.



This very wide age, ability, and disability range makes heavy demands on staff. In two areas of the County the experiment is being tried of providing a junior and senior E.S.N. school separately with a very elastic system of transfer between the ages of 10 and 13. An alternative approach is to plan the schools so that young and older children can feel themselves to be in their own fairly isolated units while still being part of an all-age school with the possibility of developing relationships between big and little children. This arrangement has the further advantage that the catchment areas of the schools can be smaller than where a school accepts a limited age range. This in turn means that it is easier to establish and maintain links with parents and that travelling time is less.

Physically handicapped children to some extent overlap with the educationally sub-normal. Severely handicapped children may be sent to schools run by voluntary bodies in various parts of the country and the Authority's day school at Hangers Wood, South Oxhey will soon have increased its accommodation from 50 to 60 children many of them being grossly handicapped. The numbers of children suffering from spina bifida are likely to increase the demand for places in special schools of this type and it is hoped that the proposed new school for 100 physically handicapped children in Stevenage will help to meet the needs in Hertfordshire. At this new school with its boarding accommodation for 36, it should be possible to cope with children whose care constitutes too heavy a burden on their families for them to live at home but who could well return for weekends when both parents would be available.

Provision for maladjusted children is, of course, a national problem. There are now three schools run by the County Council, and one for senior maladjusted girls should be built during the coming year. The fifth school, for junior children with accommodation for a few older children, is being planned and has been approved by the Department of Education and Science for the 1969/70 Major Building Programme.

It is not possible to provide in two or three schools for the very varied needs of some of these children and great care has to be taken to try and find the school likely to be best able to help each individual child. Approximately 250 maladjusted children are attending out-County schools. Some of these are independent schools competent to carry a limited number of disturbed children, others cater mainly or entirely for the maladjusted. The aim of all of them is to help the child to reach a stage of maturity when he can accept and to some extent cope with his own and his family's difficulties.

Tewin Water, the Authority's school for senior partially hearing children accepts boys and girls from most of eastern and southern England. The school has steadily strengthened its links with neighbouring secondary schools and colleges of Further Education and hopes further to extend its work with the older boys and girls when the hostel now approved by the Department of Education and Science is built in 1971.

Handicaps for which no provision is made in County schools include severe deafness, blindness and partial sightedness, and epilepsy. In each case the numbers concerned are too small to justify educational provision in every part of the country. Wherever possible children are sent daily or as weekly boarders to schools in London or the Home Counties but it is still inevitable that some children, especially those suffering from severe multiple handicaps, have to be sent a considerable distance from their homes.

One problem that is becoming increasingly difficult to deal with is the amount of traffic on the roads, especially in the southern parts of the County. Morning and evening journeys take far longer than they did a year or two ago and it may be that we shall have to consider weekly boarding for some children for whom we were planning to provide education as day pupils, or alternatively day school provision for much smaller numbers than would usually be considered realistic.



Alongside the development of special schools, the normal schools are increasingly helping to meet the needs of handicapped children and wherever a child is able to cope with education in the company of normal children he is encouraged and helped to do so. Special classes for emotionally disturbed, retarded, partially hearing, and speech defective children have been set up in primary schools and it seems probable that the next stage may be the opening of special classes for children of secondary age. At the same time teachers are often prepared to accept in their classes the single child with a disability and for some children this type of arrangement may be better than placement in a special school or class. The important proviso is that the handicapped child should be "placed" and not "left" in the class of normal children.

Home teachers play an important part both in stimulating children who are unable to attend school and in supporting their parents. The children may be recovering from a straightforward accident or illness or suffering from an incurable disease, waiting for a place in a special school or suffering from school phobia and they may be of any age between 5 and 16 and of sub-normal intelligence or capable of advanced work. The teachers, some of them retired, others women who have given up regular teaching to have their own families, devote themselves to helping these children and involving them whenever possible in the main stream of education. The numbers involved are small : usually about 60 children at anyone time are receiving home tuition but they represent very varied and complex problems.

The importance of helping the parents of handicapped children is being more generally realized. For children with hearing defects in particular a very careful service has been developed with a team of five advisory teachers of the deaf who visit the homes (and later the schools) to make sure that the parents and teachers are helped to give the special care they need. This service is of particular importance for hearing impaired children who depend on specialized help at the age when hearing children are normally learning to speak, if they are to have a chance of developing a real command of the structure of language.

So far as children with other handicaps are concerned, social workers try to help the parents but it is unfortunately clear that there are not sufficient staff available to tackle all the work that needs to be done. Parents often band together to help themselves and these parents' associations have done a great deal to support each other as well as to press for better provision for their children.

It is not possible in a single report to give an account of all that is involved in special education particularly as problems change, new methods develop and experimental approaches are continually being tried. General conclusions may be contradictory ; wherever possible a child should be contained in a normal school but not if this involves a heavy burden on him or his teachers ; day provision of special education should be widely available but we must beware of involving children in long daily journeys in heavy traffic ; children with varied handicaps sometimes can be very satisfactorily educated together so long as we are careful to give each child the special help he needs. Perhaps the one conclusion one can make without reservation is that the families under the continuous strain of supporting a handicapped child, need help as urgently as the children themselves.

The link between parents and teachers is important for all children but particularly so for children who are handicapped and whose families are closely involved in their problems. The smaller classes in special schools and the greater availability of doctors, psychologists, and social workers means that the teachers can in ways that might be impossible in primary and secondary schools, work alongside the home in helping the child and it may be that this is the major contribution of special education.

There is a tendency to think of the handicapped as being quite different from other children and indeed some boys and girls have such severe difficulties



to contend with that they require a very carefully organized environment if they are to benefit from their education and enjoy their childhood. Even so it is necessary to realize that children with difficulties form a continuum—at one end the child distressed by the birth of a new baby or the death of a grandparent, at the other, say, the brain damaged deaf/blind child who will never learn to respond to any but the simplest stimuli.

It follows from this that special education must also be a continuous system with at one end some extra individual help from the class teacher and at the other the elaborately organized special school for the grossly handicapped. The two extremes are on the whole well provided for and clearly understood but there is a middle area where very considerable developments have taken place during the last few years. Much of this work is experimental but although we may not yet know all the answers it is clear that we are becoming much more aware of some of the problems and of various possible ways of dealing with them, and this is the subject of this report.

Most teachers in primary and secondary schools are interested in the problems of handicapped children and are eager to help them, but to make it possible for children with special difficulties to remain in the normal schools when this is thought to be best for them it is essential that there should be an adequate service for the diagnosis of children's disabilities, that special educational facilities should be available, and that teachers should know what sort of help can be obtained for their children. Unless all three factors have been taken into account the service cannot be adequate ; special education without careful diagnosis or diagnostic services with which the teachers have no contact will necessarily be of very limited use.

Care for handicapped children in normal schools clearly involves the appointment of extra staff and in Hertfordshire as elsewhere this has been provided in three main ways—by the provision of part-time teachers and school helpers to work with individuals or very small groups, by special classes, and by specialist peripatetic teachers.

This sort of service for handicapped children must always depend on the presence of specialist staff in the background including educational psychologists, psychiatrists, and hospital consultants with the School Health Service to co-ordinate their work. Where a child attends a special school and is seen regularly by the consultants concerned, his progress is under continual review. A child's needs can change markedly over quite a short period and the success of a flexible system of caring for him must depend on close liaison between all the people involved. It can be a real anxiety to parents and teachers that so many people are concerned with one child and a close link is essential between the Education Authority and the School Health Service which can keep in touch with all the available medical and psychological services.

#### *Part-time special help for the individual child.*

Where individual arrangements are made this is usually by the provision of a home teacher who may work with a child in his own home, in the teacher's home, in a hospital, or in a school if it is felt that the child will benefit from contact with other children for part of the day. The numbers of these children vary but usually there are in the County about 140 boys and girls receiving home tuition at any one time. It seldom if ever happens that a child has individual tuition throughout his school life as even the most severely handicapped can usually attend school at some stage, but often the special teaching may be provided for a term or two by which time the child is ready for a special school or better able to fit into a normal school.

In some cases, particularly children with severe physical disabilities, their need may be not so much for special education as for physical care. With the increasing numbers of children suffering from spina bifida who survive into childhood, more are being admitted to their local infants school. Later they may



need to go to a special school for the physically handicapped but there are many advantages in a little child attending the school near to his home provided that he can receive the special attention he needs. In a number of schools an extra-school helper has been appointed to be primarily responsible for a spina bifida child who may be doubly incontinent but still able to fit into some of the school activities and to play and learn with the other children. This sort of individual provision for a child who can attend the ordinary school provided that he has some extra help is a fairly recent development and an extremely valuable one in the overall service for the handicapped.

### *Special Classes.*

Special classes attached to primary schools have been set up over the last few years in an attempt to make specialist provision for certain handicapped children within the normal school setting. This means that a child can be given the special attention he needs at a very early stage in his school life without having to leave home and without being involved in long daily journeys. If this help can be given soon enough, some children can transfer back to the ordinary class situation before reaching secondary age, although obviously the more seriously handicapped children will still need the specialized and elaborate care of a day or residential special school.

There are at present 26 special classes in Hertfordshire attached to infant, junior, and secondary schools, each catering for a small group of between 8 and 10 emotionally disturbed, retarded, partially hearing, or speech defective children. By September, 1970, it is hoped that this number will have increased to 36 with the opening of 7 new classes for emotionally disturbed children, 2 junior speech units and a ninth unit for the partially hearing.

Classes for emotionally disturbed children have been opened in most of the large towns in the County and are fulfilling a very real need for the increasing numbers of children whose behaviour and learning problems cannot be dealt with in a large class of 40 children. Each class has its own very individual character, tending to specialize in a group of children showing a similar pattern of behaviour, or with allied learning difficulties, so that there is a very flexible and wide variety of provision available in the County as a whole. Much depends on local circumstances and on the personality and abilities of the teacher.

In one area, for example, where many gypsy families and former caravan dwellers have been rehoused, a special class has been set up for children from socially and culturally deprived home backgrounds. In another, one class has a high proportion of children from several neighbouring Children's Homes, and in another, where the teacher is especially qualified, there is a group of quite severely maladjusted children. Another interesting experiment has been the setting up of a small tutorial class for children suffering from school phobia. In some areas classes have been developed in both infant and junior schools so that a child can transfer from one to the other, and in one case the idea has been extended to a local secondary school. It is anticipated that there will be further developments at secondary level over the next year or so.

While numbers of children suffering from behaviour problems or specific learning difficulties are increasing all the time, it is much more difficult to estimate the number of children suffering from hearing loss who will need special education. The number of babies being born with defects of hearing varies considerably from year to year, and from area to area, for no foreseeable reason. The present network of partially hearing units in the County appears to be adequate at the moment and the majority of little partially hearing children can attend units within daily travelling distance of their homes. The biggest problem here is the shortage of qualified teachers of the deaf and it is always difficult to fill vacancies in the partially hearing units. A rather disconcerting result of



the success of these classes is that the families of children with hearing defects are deliberately moving into the County.

In September, 1968, two classes for children with severe defects of speech and language were set up in infant schools in Stevenage and Hemel Hempstead on an experimental basis. The child with severe speech defects presents a difficult problem of school placement and educational management, and the number of places available in special schools is very small. The small unit setting provides facilities for the assessment and treatment, as well as the education of such children, and again it means that little children can get the help they need without having to go away to residential schools. It is hoped to extend this scheme to two junior classes in September, 1970.

#### PERIPATETIC TEACHERS.

##### *Advisory Teachers for the Deaf.*

The team of advisory teachers for the deaf comprises a Senior and the equivalent of four full-time teachers.

Two of the teachers are principally concerned with pre-school hearing handicapped children. Most of their work is done in the homes of the children as this is usually the best educational environment and less alarming both for the child and his mother than a clinic or classroom. The principal aim of this work is to guide parents in helping their children to begin to develop basic communication skills. Although the teacher works with the child, she does so largely as a means through which to show the parent how she should continue. As a basis for this, mothers and their hearing handicapped children are invited to attend a week's residential course and local discussion groups for these parents are held from time to time. Courses are arranged for Health Visitors, nursery staff, and others who may be involved with these children.

The other advisory teachers' work is in connection with partially hearing children attending normal schools. They advise head teachers, class teachers, and parents, provide auditory training and general educational help for the children, and advise on the continued suitability of the children's educational placement. Close co-operation is maintained with other workers who are directly or indirectly concerned with these children and courses are arranged for the teachers and parents.

##### *Remedial Teachers.*

There are some children whose backwardness in the basic subjects is puzzling to their teachers and may be due to a complex of factors, including home difficulties, emotional disturbance or possibly some form of brain damage or what is vaguely described as "dyslexia". The educational psychologists have for a number of years been concerned about such children who may be thought to be dull when in fact they are of average or even well above average intelligence. A team of 12 specialist teachers has now been built up to help these children in conjunction with the educational psychologists. They visit children in their own schools, usually seeing them alone or in a very small group about once a week over a period of a year or more. This again is a very useful way of helping within the normal school setting, a child who might otherwise lose confidence in himself and be unable to get much benefit or pleasure from his schooling.

##### *Nurseries for the Handicapped.*

Nursery schools and classes and day nurseries have always been generous in allocating places to handicapped children but where full time attendance is involved it has usually been found that the proportion should not exceed one child with special difficulties in each group of ten. At the present time it does not seem to be practicable to think of providing nursery education for all



handicapped children but there have over the last year or two been considerable developments in the part-time provision of nursery care for these children. There are now in the County five groups of children under school age meeting for one or two half days a week. In each case a good deal of voluntary help has been offered—in most cases transport is provided by volunteers, sometimes a local voluntary nursery school lends its accommodation and equipment while the Education Committee employs a teacher, and in several places the mothers are invited to have tea together while their children are in the group. This is obviously a small beginning but a very welcome one ; the children benefit, the mothers welcome both the respite from the strain of looking after them and the pleasure of meeting other parents with similar problems and the Medical Officers are able to observe the children over an extended period.

This development again is still experimental but it seems to be meeting a very real need and to be of great value to the Authority in making it possible for the children to be watched in a group situation well before it becomes necessary to decide what type of schooling they require.

It would be impossible in a short report to summarize all the services which provide special care for individual children, sometimes throughout their school life, sometimes only for a short period. The educational psychologists—at present 11 in the County working from ten psychiatric clinics—the speech therapists, the staff of the Education, Health, and Children's Department who give social support to families, are all involved and indeed one of the major problems is the number of staff concerned even though there are never enough trained people to do all that needs to be done. But the success of these services for children depends on everyone concerned being willing to share problems with colleagues and on the co-operation of all the many agencies involved, particularly of course the departments of the local authority itself.

### *CHILD AND FAMILY PSYCHIATRIC SERVICE.*

It will be seen from the reports of child psychiatrists the rate and extent of the progress towards a closer contact between the staffs of the Child and Family Psychiatric Service and other professional groups working with families in the community. There can be little doubt of the value of this availability of expert advice and guidance, and it is to be hoped that the uncertain future will not preclude the continuance of a consultative service in some form or another.

The staffing of the clinics has not been any easier in 1969, as senior psychiatric social workers are very scarce indeed ; one clinic has been without a psychiatric social worker since the retirement of an officer who had been in the service for many years, and two others would have been in a like state had not two well-qualified social workers from America arrived in this country for periods of 1-2 years and accepted vacant posts.

The demands upon the accommodation provided for the service in the health centres built during the past 10-15 years have increased so greatly that suitable buildings may have to be sought elsewhere in order to cope with the continuing expansion of the service.

### *WELWYN GARDEN AND HITCHIN CLINICS.*

Dr. O. Roper, Medical Director :—

The Hitchin clinic continues to be a very busy one and certain matters mentioned in last year's report i.e. difficulties of premises and staff, have been with us throughout the year. We have had a further change of Educational



Psychologist—Mr. Johnson from the Watford clinic has transferred. There appears to be increasing pressure on the Educational Psychologists and their present establishment appears to be considerably below that which is desirable.

We are moving more and more towards seeing other agencies about their difficult cases and have had a number of conferences with Child Care Officers, Probation Officers, and Health Visitors during the year. These figures are not shown in those presented above. We have also found that of the new cases referred in 50 per cent of cases we have seen the father. As some of the cases are Children's Department cases and some where father has disappeared from the scene, we consider this is quite a high proportion.

During the last three years we have tried to develop the services for the teenage group. In some areas our efforts have been very successful and in others somewhat disappointing. The Adolescent Clinic at the Lister Hospital continues to be very busy and certainly fills a need. The Youth Counselling Service has started but it is too early yet to assess its value. We are concerned lest we are not reaching those for whom the service was originally planned i.e. the school leavers of 15 years plus.

Since 1967 referrals from Hatfield to the Child and Family Psychiatric Clinic had been seen at Welwyn Garden City. As these have increased in number it was felt that some effort should be made to hold the Clinic in the community. In May of last year we opened with one session at Queensway and at the beginning of 1970 increased this to two sessions. We do not have our own rooms and therefore the play facilities are poor. This Clinic will certainly build up and will then need premises of its own or at least rooms allocated for the purpose.

Premises are a considerable problem in this area since although we have our own rooms at Gooseacre there is no room large enough to hold a conference of more than four or five people. As we move more and more into a consultative role it is important that we should be able to accommodate at least six or eight people at one time.

We have had some changes of staff. Miss Roubicek left us in the Autumn and we welcomed Mrs. Crouse from the U.S.A. and look forward to her being here for two years. She has a joint appointment with the Child Guidance Clinic and the Social Work Unit. The arrangement has advantages and disadvantages. From the Clinic's point of view we appreciate the link with the Social Work Unit.

The figures show that Welwyn Garden City and Hatfield have the same number of referrals. In addition Mrs. England, Psychiatric Social Worker, had 19 mothers and under-fives referred to her by the Health Visitors in Hatfield. Mrs. England saw these patients at Queensway and they are included in figures relating to interviews but not to new referrals. Welwyn Garden City still remains the administrative centre where all the secretarial work is done and all enquiries answered.

#### HODDESDON CLINIC.

Dr. J. D. Waldman, Medical Director :—

There have been teething problems over our new premises in the Health Centre but on the whole this is a vast improvement over our previous inadequate accommodation. The question of sufficient room may yet prove a serious problem with the growth of the service. A telephone switchboard for the Health Centre as a whole is not one which suits our needs and attempts are being made to ensure that we have an independent network for the Clinic.

A major development has been the setting up of the Tutorial Unit for school phobic and other disturbed children. The project so far has been a triumph of co-operation between the Education Department and the Psychiatric team and the appointment of Mrs. Sturtivant to run the Unit has proved a



popular and effective measure. The premises are at the moment situated in the Sheredes School but of course not part of the school itself. The Unit has already enjoyed considerable success in the rehabilitation of some quite severely disturbed children.

### *Staff Changes*

The Clinic now has a full-time secretary, Mrs. Thompson, and this has led to considerable changes for the better as regards its smooth and effective functioning as a unit.

Miss Hutchinson has retired as Psychiatric Social Worker after many years service.

Mrs. Chaber has joined the staff as a Social Worker (6th October).

We have an establishment for a full time Psychiatric Social Worker but this post remains unfilled as does that of our Psychotherapist.

We have been peripherally involved in the work of the Drug Committee in this area and as a result of this a recommendation has gone to the North East Regional Hospital Board that the question of allocation of psychiatric time being devoted to the problems of adolescents in the area be explored.

Another scheme which has come to fruition has been the establishment of a secure working relationship between the Clinic and Headmasters. The team has met up with two groups of Junior and Infant Heads and we are due soon to meet up with the Heads of Secondary schools. Arising out of one of the meetings the possibility of the appointment of a Social Worker to be concerned with resettled immigrant and Romany families from the point of view of (a) social adjustment problems of the families as a whole and (b) education of the children is being explored.

It is the need for involvement of field workers in the planning of services which they will be running that stands out most clearly for me as regards developments in the last year, and one hopes that in plans being made for the coming year this need will receive the recognition it deserves.

### WATFORD CLINIC.

Dr. A. M. McGlashan, Medical Director :—

In 1969 we continued in Watford to extend the consultative service which we have been trying to offer to our colleagues in allied professions. Mrs. Hearst, our case work consultant, has continued to go to regular meetings with workers from the Children's Department. Many cases which might otherwise have been referred to the clinic have been dealt with at this stage. However, the psychiatric staff have also, on occasions, seen patients for assessment and later discussion with Children's Department workers. We hope to extend and expand this side of our work but we regard it as vital that this should not be seen as our main function in the community. This must continue to be that of providing the local centre where children and their parents can be referred, not only for diagnosis but also for treatment where there are emotional problems holding up normal development processes. We are still somewhat short of psychotherapeutic time although we hope that next year our psychotherapist will be able to give us some more sessions per week. Next year also, we hope to have a large increase in psychiatric establishment as we shall be at long last sharing both a junior and a senior registrar with the Tavistock Clinic in London. We now have once again two consultant psychiatrists working in the clinic and so it should be possible to offer a reasonable treatment service to this area.

We have modified our internal policy and there is a much closer liaison now within the clinic between Child and Family Psychiatric Service and the School Psychological Service. Any decisions about the most appropriate professional worker to see the child are taken within the clinic and it is not therefore so vital for the referring agent to be sure exactly which service he should be contacting.



In fact, by far the greatest number of referrals coming to the clinic are medical in origin.

### SUMMARY.

We are very much aware of the current developments in the health and social services and hope very much that whatever happens in the future the Child and Family Psychiatric Clinic will continue to play a vital part both in the service of the community and directly in the service of the individual patient and his Family.

#### HEMEL HEMPSTEAD CLINIC.

Dr. A. M. McGlashan, Medical Director :—

During this year we have continued our policy of trying to eliminate as much as possible the lengthy period of waiting once a child has been referred to the Clinic. This I think has been achieved in large measure. Urgent cases are seen very rapidly indeed, and it is now possible to see non-urgent cases fairly quickly. This is due to a combination of factors. On the one hand, there has been a welcome increase both in psychiatric and social worker establishments; on the other, we have managed to streamline the administrative procedure. There has also been a slight falling off in the number of referrals.

Because of this, it has been possible to develop links with the community. With a Clinic Social Worker I have been meeting Child Care Officers monthly since the summer of 1969. This I think is proving valuable both to the Clinic and, I hope, to the Children's Department. I feel we have been able to eliminate some referrals which would otherwise have come to the Clinic, by having direct consultation with the workers who are actually handling the case. With one of the Educational Psychologists, I have been able to arrange a monthly series of meetings with the Department Medical Officers. I have also been able to extend Clinic contact with the local hospital.

This increase in direct links with the community has not, however, interfered with what I regard as the prime function of the Child and Family Psychiatric Clinic—the diagnosis and treatment of families who are referred. The bulk of our referrals still come from medical sources and I feel that while it is vital to increase consultative services to the community, it is even more important not to lose sight of the fact that the Clinic serves an essential function in providing therapeutic treatment either supportive or psycho-analytically orientated for suitable patients.

#### ST. ALBANS AND BOREHAM WOOD CLINICS.

Dr. R. L. Berstock, Medical Director :—

Both clinics have continued to function throughout the year with a reduction of Psychiatric and Social Worker sessions which has resulted in a great deal of pressure experienced by all the staff. In spite of this, we have been successful in dealing promptly with referrals and thereby keeping the waiting list to a minimum. It would appear from the figures that there has been a slight decrease in referrals, but these figures do not include children who were dealt with by direct consultation with the referring agent. Many more children and families are now referred by General Practitioners. It is hoped that the Psychiatric and Social Worker sessions will be filled in the near future and with a full complement of staff we can initiate and plan further changes with increasing flexibility, so that all members of the staff can use their basic skills in helping the presented problems and thereby enable some time to be afforded to consultative work with social agencies. We are at present exploring the possibility of starting groups for Health Visitors and General Practitioners. Mr. Hahn, Psycho-





therapist, has increased his sessions which enables more children to be offered individual and group treatment.

The established link with the Children's Department at the Tavistock Clinic has proved to be a rewarding and positive experience for the Social Workers who have, and are, attending weekly courses there. The Senior Registrar and Registrar posts are to be joint appointments with the Tavistock Clinic.

The inadequate room space continues to present great difficulties and with a full complement of staff, we will be enforced to use rooms in various outlying health centres. This will, however, be detrimental to our team approach, hamper communication, and add an extra burden in travelling time to the families and Social Workers.

#### BISHOP'S STORTFORD CLINIC.

Dr. J. Harris, Consultant Psychiatrist :—

I undertook locum sessions at this clinic in May, 1969, and I find this job very rewarding.

The clinic continues to be busy with an increased emphasis on therapeutic sessions. The P.S.W. interviews are fewer than in 1968 because we were so unlucky as to lose Miss Hutchison through illness in November and December 1969 and it has been a great relief to have her back with us and in good health. We continue to enjoy full time secretarial help each Tuesday and Thursday, and have felt ourselves to be a team working in close communication. A number of very interesting school problems have been referred to us by Miss Black.

An innovation has been the organization of a monthly case conference held here on the first Tuesday of each month. This is attended by our own team together with probation officers, education welfare officer, children's officers, health visitors, and mental welfare officers. This has been stimulating and has improved working relationships. We propose to continue this in 1970.

The waiting list is brief and we find it possible to see a small number of urgent or Court cases at short notice.

#### *SCHOOL PSYCHOLOGICAL SERVICE.*

Miss E. M. John, Senior Educational Psychologist :—

The commencement of this year coincided with Miss Sandy's retirement from her post as Senior Educational Psychologist. As her successor, I had the pleasure of taking over a wide ranging service which she had piloted through the early stages of expansion and growth. Her colleagues and I took up the tasks both of maintaining the varied aspects of the existing service and of continuing to plan for future improvements.

We educational psychologists find ever increasing difficulty in meeting the demands that are made of us. We know that we can never satisfy the hopes and expectations of all of the people who wish for a psychologist's help. This forces on us the difficult choice of deciding on priorities. The rather desperate circumstances of so many of the children who come before us often dictates the priority that is to be given to individual assessments, and leaves us too little time for meeting opportunities for advisory work. However, the psychologists feel that this side of the work must be developed, and do as much as possible in the circumstances. It has been possible to hold a series of seminars and discussions with teachers in different parts of the County. Then psychologists find it increasingly necessary to have diagnostic discussions with head teachers about groups of children. This is because the referral rate is much too high for every



child who, in the teacher's view, should be seen individually, in fact to be given an individual assessment.

There has been expansion in the Peripatetic Remedial Teaching Service. During this last year four new posts have been created and we have been able to make further help available in East Herts, in Stevenage, in Watford, and in Mid-Herts.

Also there has been an expansion in the number of special classes which we operate in the existing normal schools. In East Herts we now have a further primary class in Priors Wood, Ware. Also we have in operation at Sheredes Secondary School, Hoddesdon a special unit for severely disturbed children. This particular class works in a close liaison with the staff of the Hoddesdon Child Guidance Clinic. In St. Albans a special class at the Margaret Wix Infants' School is now functioning. In Mid-Herts a second class has been developed at St. Mary's School, Welwyn. In South-West Herts we have established a class at Leggatts Secondary School ; this particular class is of interest in so far as it is the first Secondary level class in the County, apart from the Sheredes unit, which really is more highly specialized than the general run of special classes.

The psychologists find it very rewarding to get this co-operation from the staff in the ordinary schools. We know that these specially selected groups of children present some difficulties for the Heads who run the schools and we are very grateful for the help they give us.

Unfortunately, this has been a year of quite considerable staff change. Mr. Reeves left Hemel Hempstead and he was succeeded by Mrs. Feuerstein ; Mrs. Gooch also left the Service and was replaced by Miss Jones. Mrs. Taylor now holds only a half-time post at St. Albans as she now works half-time at the Tavistock Clinic. We have been fortunate to have additional help from Mrs. Roberts who has worked at Watford and Mrs. Burke who works in the Dacorum Division. Mr. Sharma had three months study-leave to work in India and Pakistan. He returned to Stevenage in December, and the extra knowledge that he has gained is a welcome contribution to our work with the immigrant population in the County. Throughout the year we have been very much helped by Mrs Hardcastle working in several parts of the County.

Finally, I should mention the extra awareness and interest that has been shown by the psychologists in the Junior Training Centre work. We feel the need to increase our knowledge in this sphere in anticipation of the forthcoming transfer of these Centres to Education.

New Cases	.	.	.	.	1,324
Re-tests.	.	.	.	.	395
Follow-ups	.	.	.	.	2,034
Parents seen	.	.	.	.	885
Home visits	.	.	.	.	352
Boarding School visits	.	.	.	.	28

#### *HOLIDAY HOME CARE (CONVALESCENCE).*

The number of school children requiring convalescence in any one year is comparatively small. During 1969, 32 were sent away, usually for 2-3 weeks to Homes mainly in Devon and Bournemouth. Four diabetic children had a short period in a camp run by the British Diabetic Association. In some instances, mothers accompanied their children to Homes which accepted a family group. The commonest cause for referral for convalescence was general debility where the home circumstances warranted a period of special care.

## OTHER MEDICAL EXAMINATIONS.

### (1) ENTRANTS TO TEACHER COLLEGES OF EDUCATION.

Local Education Authorities are required to arrange for the medical examination of :—

- (a) College of Education candidates resident in their areas, and
- (b) persons entering the authority's employment as teachers, who had not taken a course under the Training of Teacher's Regulations, and have not received a medical examination.

During 1969, the school medical officers examined 1,030 College of Education candidates and 185 teachers in category (b). College of Education candidates are advised to have a chest X-ray before entering college. At the finish of their training they are also medically examined by the College Medical Officer and X-rayed.

### (2) EMPLOYMENT OF CHILDREN BYE-LAWS.

Children in employment out of school hours come within the scope of these bye-laws and should be medically examined before starting work. In 1969 2,637 pupils were examined, four were reported to be unfit to undertake the employment proposed.

## STATISTICAL TABLES FOR THE WHOLE COUNTY.

### MEDICAL INSPECTION AND TREATMENT, 1969.

The official return to the Department of Education and Science for the year ended 31st December, 1969 was as follows :—

Number of pupils on registers of maintained Primary and Secondary Schools (including Nursery and Special Schools) in January, 1970 166,174

### **Part I.—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).**

TABLE 60.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
		No.	No.
		(3)	(4)
1965 and later . . .	818	817	1
1964 . . . . .	8,696	8,668	28
1963 . . . . .	4,062	4,041	21
1962 . . . . .	609	609	—
1961 . . . . .	338	333	5
1960 . . . . .	266	264	2
1959 . . . . .	283	279	4
1958 . . . . .	233	232	1
1957 . . . . .	675	674	1
1956 . . . . .	127	127	—
1955 . . . . .	197	197	—
1954 and earlier . . .	709	709	—
<b>Total . . . . .</b>	<b>17,013</b>	<b>16,950</b>	<b>63</b>

*Per cent.*

Col. (3) total as a percentage of col. (2) total . . . 99·63

Col. (4) total as a percentage of col. (2) total . . . 0·37



TABLE 61.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1965 and later	11	79	83
1964	325	1,171	1,343
1963	108	472	505
1962	28	75	89
1961	15	41	44
1960	8	31	37
1959	19	30	44
1958	17	24	37
1957	39	57	92
1956	16	33	44
1955	10	15	23
1954 and earlier	98	45	126
Total	694	2,073	2,467

TABLE 62.—OTHER INSPECTIONS.

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher, or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections . . . . .	2,799
Number of Re-inspections . . . . .	18,637
Total . . . . .	<u>21,436</u>

TABLE 63.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorized persons . . . . .	178,677
(b) Total number of individual pupils found to be infested . . . . .	339
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) . . . . .	115
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) . . . . .	113

# Part II.—Defects found by Medical Inspection during the Year.

TABLE 64.—PERIODIC INSPECTIONS.

NOTE: All defects, including defects of pupils at nursery and special schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS									
		Entrants		Leavers		Others		Total		O (10)	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)			
4	Skin . . .	204	333	10	14	36	44	250		391	
5	Eyes—										
	(a) Vision . . .	419	377	106	17	169	107	694		501	
	(b) Squint . . .	227	137	3	3	34	32	264		172	
6	(c) Other . . .	34	62	—	—	8	16	42		78	
	Ears—										
	(a) Hearing . . .	194	577	6	7	30	76	230		660	
7	(b) Otitis Media . . .	95	494	2	1	13	31	110		526	
	(c) Other . . .	20	183	2	2	4	8	26		193	
	Nose and Throat . . .	186	1,172	4	24	13	125	203		1,321	
8	Speech . . .	201	440	1	1	23	35	225		476	
9	Lymphatic Glands . . .	24	442	—	5	3	36	27		483	
10	Heart . . .	37	244	—	3	7	42	44		289	
11	Lungs . . .	87	523	1	10	16	68	104		601	
12	Developmental—										
13	(a) Hernia . . .	26	68	1	1	4	3	31		72	
	(b) Other . . .	41	268	1	9	15	72	57		349	
	Orthopaedic—										
14	(a) Posture . . .	19	84	1	10	9	32	29		126	
	(b) Feet . . .	67	288	1	9	10	61	78		358	
	(c) Other . . .	73	249	7	14	23	67	103		330	
15	Nervous System—										
	(a) Epilepsy . . .	29	45	2	3	10	13	41		61	
	(b) Other . . .	20	117	—	3	9	29	29		149	
16	Psychological—										
	(a) Development . . .	39	480	7	6	10	70	56		556	
	(b) Stability . . .	71	562	3	10	18	121	92		693	
17	Abdomen . . .	31	118	1	6	4	39	36		163	
	Other . . .	58	160	10	7	17	43	85		210	



TABLE 65.—SPECIAL INSPECTIONS.

NOTE : All defects, including defects of pupils at nursery and special schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin . . . . .	45	67
5	Eyes—		
	(a) Vision . . . . .	426	122
	(b) Squint . . . . .	26	11
	(c) Other . . . . .	11	15
6	Ears—		
	(a) Hearing . . . . .	54	47
	(b) Otitis Media . . . . .	5	9
	(c) Other . . . . .	2	9
7	Nose and Throat . . . . .	25	69
8	Speech . . . . .	23	27
9	Lymphatic Gland . . . . .	1	8
10	Heart . . . . .	5	28
11	Lungs . . . . .	42	39
12	Developmental—		
	(a) Hernia . . . . .	4	3
	(b) Other . . . . .	4	12
13	Orthopaedic—		
	(a) Posture . . . . .	24	17
	(b) Feet . . . . .	16	34
	(c) Other . . . . .	33	28
14	Nervous System—		
	(a) Epilepsy . . . . .	10	9
	(b) Other . . . . .	10	20
15	Psychological—		
	(a) Development . . . . .	46	67
	(b) Stability . . . . .	35	84
16	Abdomen . . . . .	12	26
17	Other . . . . .	65	137

### Part III.—Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

NOTES : This part of the return should be used to give the total numbers of :—

- (i) Cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE 66.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	278
Errors of refraction (including squint) . . . . .	6,165
Total . . . . .	6,443
Number of pupils for whom spectacles were prescribed .	2,240

TABLE 67.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear . . . . .	112
(b) for adenoids and chronic tonsillitis . . . . .	638
(c) for other nose and throat conditions . . . . .	43
Received other forms of treatment . . . . .	145
Total . . . . .	938
Total number of pupils in schools who are known to have been provided with hearing aids—	
*(a) in 1969 . . . . .	71
(b) in previous years . . . . .	405

\* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE 68.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments .	227
(b) Pupils treated at school for postural defects . . . . .	68
Total . . . . .	295

TABLE 69.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE D OF PART I).

	Number of cases known to have been treated
Ringworm—(a) Scalp . . . . .	3
(b) Body . . . . .	—
Scabies . . . . .	9
Impetigo . . . . .	41
Other skin diseases . . . . .	4,624
Total . . . . .	4,677



TABLE 70.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics . . . . .	1,003

TABLE 71.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by Speech Therapists . . . . .	1,623

TABLE 72.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments . . . . .	2,798
(b) Pupils who received convalescent treatment under School Health Service arrangements . . . . .	32
(c) Pupils who received B.C.G. vaccination . . . . .	19,893
(d) Other than (a), (b) and (c) above. Please specify :	
Abdomen . . . . . 34	Heart . . . . . 81
Lungs . . . . . 134	Asthma . . . . . 18
Epilepsy . . . . . 26	Other . . . . . 1,174
Appendicitis . . . . . 66	
	1,533
Total (a)-(d) . . . . .	24,256

## PART V.—REPORTS FROM DIVISIONAL MEDICAL OFFICERS.

*Report of Dr. G. M. Frizelle, Divisional Medical Officer, East Herts Division.*

### HODDESDON HEALTH CENTRE.

The most important single event in 1969 was the opening of the new Hoddesdon Health Centre.

This is the first principal Health Centre in the County to include Group Practice Surgeries for local Doctors, built by the County Council. It became available for use by County Staff in June, and the Rt. Hon. Sir Derek Walker-Smith, Bt., T.D., Q.C., M.P. officially opened the Health Centre and Group Practice Surgeries, on Tuesday, 23rd September.

The excellent new premises provide rooms and facilities for all the various health services, covering ante-natal, baby and child health clinics, cytology clinic, psychiatric clinics, audiology and family planning sessions, a medical loan depot (run by the British Red Cross Society), well equipped dental surgeries, and the surgeries for the four-Doctor partnership. The running of these many health services is proceeding smoothly and efficiently, owing to the continual co-operation of all the Doctors, Health and Welfare Workers, Clerical Staff, and Voluntary Workers.

The provision of Health Centres such as this one, and many more are being planned and built, will undoubtedly give good service to, and consequently improve the general health of, the people in the County.

### HODDESDON DAY CENTRE (OLD HEALTH CENTRE).

The old health centre then became available for use in the main as a day centre by the social work unit, and the responsibility of the divisional social worker. Groups of blind, partially sighted people, and physically handicapped people are transported to the centre on different days of the week, when various forms of handicraft work are undertaken.

Rooms have been allocated to the area home help organizer for the running of the local home help service.

Arrangements have also been made for the British Red Cross Society, and the St. John Ambulance Brigade to continue using the premises for their meetings and storage of equipment.

### MASS X-RAY SERVICE.

In April, 1969, a regular Mass X-ray Service was started and is held every Friday (except holidays) from 10 a.m. to 2 p.m. at The Old Drill Hall, Crossbrook Street, Cheshunt, and the establishment of this static unit has proved both useful and successful.

During the year the unit visited Hertford, Ware, and Sawbridgeworth, with the following results. The figures for 1966 are shown for comparison.

		<i>Total number X-rayed.</i>	
		1969.	1966.
Hertford	. .	3,223	5,519
Ware	. . .	1,459	2,513
Sawbridgeworth	.	388	426

In the latter part of the year several of the Districts expressed concern at the possible future discontinuance of the customary triennial visits.



### VISIT OF MOBILE UNIT OF THE HEALTH EDUCATION COUNCIL.

Planning began in December, 1969, for a visit from the above-named unit early in 1970. This unit, which is one of a number purchased by the Health Education Council, was scheduled to visit three towns in Hertfordshire in 1970 one of which was to be Hoddesdon. Visits had already been paid to various counties in England.

The unit is a 22-foot long trailer towed by a Land-Rover, both together having an overall length of 34 feet 7 inches, and a maximum height of just over 10 feet. The trailer is divided into an audio/visual aids operation/television control room of 8 feet, and a reception/display area of 14 feet. The control room is equipped with a closed circuit television console with its associated television cameras and equipment, and has 16 mm. cine and automatic 2 in.  $\times$  2 in. slide back projection facilities. Videotape, tape recording, record-playing, and public address systems are available. The display area has a television monitor receiving either B.B.C. or I.T.V. TV programmes, videotape or closed circuit television programmes, and the back projection screen. There are eight illuminated exhibition display panels. On the on-side an external split flap opens to reveal a large 6 ft.  $\times$  5 ft. window with an eye-catching caption and photograph.

### FAMILY PLANNING CLINICS.

There are four Family Planning Association Clinics held at Local Authority premises, namely :—

The Health Annexe, Bengoe Infants' School, Bengoe, Hertford  
Hoddesdon Health Centre, High Street, Hoddesdon  
Health Centre, High Street, Waltham Cross  
Health Centre, Bowling Road, Ware.

The clinics at Bengoe and Hoddesdon were new, having been opened on 6th October and 27th November, respectively.

Attendances have been good at all the clinics, especially at the Waltham Cross and Ware health centres. The Waltham Cross clinic had 1,646 first visits and 2,808 repeat visits, during the year, while the Ware clinic had 925 first visits and 1,431 repeat visits. The figures for the other two clinics were of course, considerably less, due to the fact that they had only been opened for a short period during 1969.

The main reason for consultation was for advice concerning birth control, while advice was also sought on marital problems, chiefly at the Waltham Cross and Ware clinics.

Five hundred and eighty-six smears for cervical cytology were taken at the Waltham Cross Clinic and 372 smears at the Ware clinic, and fortunately none of them were positive.

It will be seen therefore, that at Waltham Cross and Ware, the Family Planning Association clinics are fulfilling a great need.

### INFLUENZA.

During the early part of 1969 in anticipation of a possible outbreak of Hong Kong Influenza, preliminary precautions were taken to alert all interested organizations and a public meeting was held in Hertford which was attended by representatives of the W.R.V.S., Old People's Welfare Association, B.R.C.S., the St. John Ambulance Brigade, and the Women's Institutes. The object of this meeting was to co-ordinate welfare work amongst old people who might possibly be stricken with Influenza. In addition a Press report was published in *The Hertfordshire Mercury* in its various editions, and also in the *Herts & Essex Observer*.

Furthermore, special precautions were taken with regard to special groups



at risk, including residential schools and training centres, and in all 1,002 doses of vaccine were administered.

*Report of Dr. R. S. Hynd Divisional Medical Officer, Dacorum Division.*

The report is purposely brief and makes no mention of the routine health procedures which are perhaps the very foundation of a health service but confines itself to two new developments which are of practical value as well as of interest.

#### DAY CENTRE FOR HANDICAPPED CHILDREN OF PRE-SCHOOL AGE.

It has been said that having a handicapped child in the family is an experience which enriches family life. This, to put it mildly, is a starry-eyed view of the situation. The pressure of a handicapped child in a family involves special stress and strain for every member of the family and carries serious risks not only for the child himself but for parents and siblings. Bringing up a handicapped child is very hard work, especially for the mother, and the provision of help even for a few hours each week can make a vital difference to an often over-burdened mother.

Throughout the ages it is the weakest who go to the wall and this saying certainly seems to apply to the handicapped child. Play centres for normal pre-school children are commonplace but for the handicapped children, whose needs are greater, there usually are none.

It was with this in mind that Dr. Gardiner, the deputy Medical Officer of Health, decided to establish a day centre for handicapped children in Berkhamsted based on her knowledge of the situation in that particular area. From the start it was envisaged that the centre would be run on a voluntary basis by voluntary helpers in county council-owned premises. Such equipment as was needed would largely be obtained from private sources and the only public expenditure would be a car mileage for voluntary drivers willing to transport those children living in the more outlying parts of the town.

The mothers of those handicapped children whom it was thought might benefit from attendance at the centre were separately interviewed by the health visitors and the doctor and the family doctor was informed in all instances where the parents were agreeable for their children to use the centre. In the end seven children were enrolled with more in prospect if and when reluctant parents could be convinced the centre had something to offer their children.

In due course sufficient voluntary helpers were obtained to man the Centre which it was at first intended to open for two mornings each week with an option, if necessary on a third morning. The centre was indeed fortunate to obtain as helpers the services of a retired school teacher who would be in general charge, a state registered nurse, a nursery nurse, and an occupational therapist. All told the centre recruited 12 voluntary workers whose services could be called upon on a rota basis. Car transport at the moment is difficult but it is hoped an improvement will be effected in the New Year.

Because it is difficult to define handicap a broad view of the term has been taken in assessing those children considered suitable. The centre has been in operation for too short a time to pass any valid opinion on its worth, but already it has been fully accepted by the parents and already has given them a measure of relief. The children have settled in well and the voluntary workers could not be kinder or more helpful.

The prospects are bright and it is hoped that from this small beginning not only will a larger centre grow but more centres will be opened in other parts of the division.

#### DENTAL HEALTH CAMPAIGN.

A dental health campaign was mounted throughout the county during the month of March in an attempt to increase the public awareness towards dental



health. Much of the divisional dental resources in staff and time were deployed on this project both during the campaign and in the two months' preparatory period. The campaign lacked nothing for enthusiasm and effort.

Divisional resources were too limited for the campaign to be directed towards the whole population and, therefore, the age groups such as the expectant and nursing mothers and the school children who would more likely be responsive to the aims of the campaign were chosen as the primary target.

In the preparatory work approaches either by personal meetings or by letter were made to the schools, the clinics, the hospitals, the dentists and pharmacists, the day nurseries, the play groups, and indeed to any organization who might be even remotely interested in the aims of the campaign.

The campaign was largely based on films, displays, posters, and school projects. Most primary schools used all of these methods and indeed the greatest support for the campaign came from the schools. Projects were mounted on all phases of dental health and in a variety of novel ways. The projects included painting and modelling. Maths lessons were used to study dental statistics and graphs, such items as the brands of toothpaste used and the number of carious teeth per pupil were recorded. History lessons were used to cover dentistry throughout the ages.

Some of the projects were of such interest that they are worthy of special note. One infant school enacted a "Molar Ballet" in which the children amusingly depicted the fight against dental caries. Another school invited the school dentist to take dental impressions of some of the pupils which the pupils themselves cast and then studied.

Apart from the schools, displays were mounted in the Town Hall foyer and at the principal Health Centre in the Borough, in most of the child health centres, and in some of the pharmacy shop windows. Posters were everywhere where they were likely to be seen and read. To inaugurate the campaign a special stage show and film was arranged at the Odeon Cinema, Hemel Hempstead on the first Saturday morning of the campaign. This amusing little interlude was not only for the benefit of the 600 children attending the cinema but was used as a basis for the Press coverage of the campaign which the local Press so amply provided.

The details of the campaign are given to show how the many hundreds of hours given by the school teachers, nurses, voluntary workers as well as the dental staff were spent. The dental staff, and particularly the divisional dental officer and the dental assistant, were always heavily engaged and much of their work in the clinics and schools had to be deferred for the period of the campaign. No doubt similar efforts were made in the other divisions of the county and the total time spent by the various grades of staff in promoting the campaign must have run into thousands of hours.

Bearing in mind the magnitude of the effort involved it was only proper that a full enquiry into the tangible results of the campaign should be made. This was done using both subjective and objective methods to get a true evaluation. Throughout the county levels were assessed just before and then at intervals of three months and eight months after the campaign. A detailed report has been prepared and the results of the campaign are adequately, if somewhat woefully, summed up in the first sentence of the conclusions of the report :—

"An evaluation of the campaign as a whole indicates that changes in habits did occur in the short term amongst school children but these, with few exceptions, were not large or lasting and the picture eight months after the campaign varied only slightly from the pre-campaign position."

Was all the time and effort spent on this campaign wasted? Judged solely by the practical results the answer must be "yes" but we can, and should, use these results to show the overwhelming claim for the fluoridation of the public water supplies as the only practical way to ensure a high standard of



dental health in the community. Those who oppose fluoridation always claim that the best means of ensuring dental health is through health education. The county campaign, if it shows nothing else, at least shows the extreme difficulties in achieving any worth-while results by this method alone. We should not ignore health education methods in the fight against dental caries but equally we cannot afford to ignore fluoridation, a much more powerful weapon, while we are waiting for the community to respond to our dental health pleas.

It is now 14 years since the practice of fluoridating the public water supplies was first begun in Watford and its salutary effect on the teeth of the Watford children has been amply and conclusively demonstrated. If last year's dental campaign has any message for the community it must surely be that the fluoridation of the public water supplies must be extended throughout the whole length and breadth of the County, and a start should be made at once.

*Report of Dr. C. Burns, Divisional Medical Officer, St. Albans Division.*

In the St. Albans Division 1969 was a year of consolidation with development and extension of services set up in previous years and referred to in previous reports. Amongst such development was the commencement of a second weekly session at the Old People's Day Centre, this having been made possible by voluntary help from a local church group who made themselves entirely responsible for the staffing of a second session together with all the necessary transport. The centre therefore, now runs on two days each week, largely on the basis of voluntary help but with county council support.

The Nursery Playgroup for handicapped pre-school age children at Cunningham Hill Health Centre continued to operate successfully and towards the end of the year it became possible to set up similar groups in Harpenden and in Boreham Wood. The group in Boreham Wood commenced on 12th November and meets weekly. As regards the group in Harpenden, this was planned during 1969 and at the end of the year it was expected that it would commence early in 1970. At the time of writing this report the group has, in fact, successfully commenced its weekly meetings. Unlike the St. Albans group, the groups in Boreham Wood and in Harpenden work in close association with existing privately run playgroups using the same premises and sharing some staff. The county council supports these groups by paying the salaries of the teachers in charge, providing nursing assistance, and paying motor car mileage expenses to voluntary helpers, who make themselves responsible for transporting the children to and from the groups and also assist in looking after the children in a voluntary capacity. It is a pleasure to pay tribute to the unstinted help which has been forthcoming from a large number of volunteers both in association with these playgroups and also with the Old People's Day facilities already referred to.

While the problem of drug misuse in the division did not appear to increase significantly during the year and has never given rise to the kind of serious alarm which has been experienced elsewhere, continued surveillance was maintained in co-operation with the Police, the Probation Service, the Education Department, the Children's Department, the Child Psychiatric Service, and other bodies with an interest in this field. In accordance with the county council's policy, a Divisional Co-ordinating Group was set up in June at which representatives of the above bodies and others, both statutory and voluntary concerned with the drug problem are represented and which meets regularly to exchange information and discuss policy matters. As a result of the discussions of this group, meetings were held during the year with representatives of the teaching profession, both in St. Albans and in Elstree and Boreham Wood, and arrangements have been made in both areas to increase the amount of information regarding drug misuse to be given to teachers through courses at the Teachers' Centre in St. Albans,



and at the Boreham Wood College of Further Education. In addition talks continue to be given on request to parent/teacher associations, church groups, and other clubs and societies.

*Report of Dr. G. R. Taylor, Divisional Medical Officer, Mid Herts.*

1. *Home Nursing.*

The attachment of nurses to medical group practices and planned earlier discharge of selected surgical and orthopaedic patients from the wards of the Queen Elizabeth II Hospital, the two major changes in the arrangements for domiciliary nursing have caused an increase (8 per cent) in the number of home nursing visits in addition to the increasing number of treatments given in the practitioners surgeries. In consultation with Mr. Cassie, surgeon and Mr. Dawson, orthopaedic surgeon at the hospital, arrangements for the earlier discharge of selected long stay orthopaedic and accident patients to the care of their general practitioners has been introduced with nursing attention provided by the domiciliary nurse attached to the practice, and similarly for some of Mr. Cassie's surgical patients, e.g. following operation for hernia, appendicitis, etc. The nurses are also taking over the care of simple accident dressings under the supervision of the general practitioner, including the removal of sutures, thus relieving the busy out-patient department of the hospital and providing more convenient local nursing attention for the patient. At present requests for this type of early nursing cover from the hospital are channelled via the divisional nursing officer, but with the nurses attachment to group practice becoming fully established throughout the division there should be no reason why these requests should not in future be made directly from the hospital to the general practitioner.

2. *Domiciliary Midwifery.*

The number of home confinements throughout the division during 1969 was slightly higher than the previous year (267—an increase of 9) while the total number of hospital confinements for the division decreased by 16 to 1,417. This apparent halt to the trend for increasing hospital confinements in recent years is due to the temporary increase in demand for confinement at the Queen Elizabeth II Hospital from mothers living outside the division at Stevenage and St. Albans. The midwives attended 322 ante-natal sessions in doctors surgeries—60 more than in the previous year, but the principal change in their work was the considerable increase in post-natal nursing care for mothers and babies discharged from hospital before the tenth day. A total of 4,030 visits was made to 678 mothers following early discharge as follows.

Within 48 hours of confinement . . .	334 mothers and babies
Within 3–7 days of confinement . . .	93 mothers and babies
Within 8–9 days of confinement . . .	251 mothers and babies
	<hr/>
	678 mothers and babies
	<hr/>

3. *Developmental Testing.*

Dr. B. Powe and Dr. E. M. Jennings introduced trial schemes of developmental testing of young children at child health sessions in Welwyn Garden City and Hatfield during the year. There has been considerable discussion among the medical officers and health visitors on their respective roles in developmental testing, selection of children for testing, ancillary specialized services, and link with the hospital paediatric departments, while the need for extension of any uniform scheme to include the general practitioners working in group practice and holding regular mother and baby sessions is obviously desirable. Evaluation



of the results of schemes already introduced in North and East Hertfordshire and elsewhere will assist in drawing up proposals for an effective scheme of selective developmental testing with some knowledge of the staff and time required. In the meantime it is hoped that the trial schemes will not unduly disturb the traditional routine of the infant welfare sessions and the team work of doctors, health visiting and nursing staff, and the voluntary helpers, or create undue anxiety in young inexperienced mothers.

#### *4. School Health Service.*

It is now four years since the scheme of selective school medical examination was introduced into Mid Hertfordshire and the pattern has continued as originally planned, except for additional opportunity for parents to comment on the health of their child or seek the advice of the school medical officer at the intermediate and final examinations. All heads of schools and departmental medical officers report favourably on the scheme which does provide for more detailed examination and appraisal of the health and progress of the child during the first year at school and more time for careful follow up of children with handicaps.

The annual statistics show that the health of the children has been well maintained and the wide range of general practitioner, local authority, and specialist hospital facilities available ensure that one is seldom in difficulties to provide necessary specialized medical attention or education. The placement of severely maladjusted adolescent girls in residential care continues to cause occasional problems, particularly in this division when drug taking may be an added problem. The opening of the small adolescent unit at Hill End Hospital during the year will, it is hoped, ease this situation provided adequate nursing and ancillary staff can be found to run the unit.

The provision of additional special classes with higher staff ratios for the younger child in difficulties when starting at school is proving a great boon to the heads of junior schools and the educational psychologists and short term use has been made of the special welfare attendant provided by the education department in two instances when a disturbed child was making excessive demands on the attention of the class teacher.

We welcomed the opening of the Hyde School in November, providing much needed special schooling for ESN pupils in this Division, and look forward to the opening of the special school for physically handicapped children at Stevenage.

The Education Committee require that each pupil taking up part-time work out of school hours shall be examined to ensure that he is medically fit to undertake the work. In this division it is the considered view that the time has come when this requirement could be reconsidered for not one pupil has been deemed medically unsuitable for the light work involved in the past five years. Perhaps some alternative scheme of selection for these examinations could be evolved to avoid the unnecessary time spent by doctors and pupils at these examinations.

#### *5. Drug Taking.*

There was little evidence of any widespread increase in drug taking among young people in Mid Hertfordshire during the year, although there have been changes in the range of drugs used conforming with national trends and availability in Hertfordshire and the London area.

Apart from occasional purchases in the London area, heroin continues to be scarce but there is considerable interchange of phencyclidine and other drugs among the habitual drug takers. The increasing use of barbiturates and other hypnotic drugs by the drug takers and the injecting of drugs obtained in tablet form intended to be taken by mouth can be particularly dangerous in the hands



of the misguided experimenter. Amphetamine tablets continue to be available to young people although there does not appear to be any widespread extension of their use.

The ebullient display of the group of some dozen seasoned injectors in Hatfield continues to be a cause of annoyance to the general public and of some exasperation to the doctors, nurses, and social workers responsible for their care and rehabilitation during their recurring lapses. Certainly at times there seems to be no joy and very meagre results from the efforts of the hospital and social work teams to rehabilitate these seasoned addicts. Group social work and extensive youth work support, particularly in Hatfield for these relapsing injectors holds the best promise of getting them more squarely set on the road to rehabilitation and Mr. Lake, Social Worker, the youth workers in Hatfield, and also the local working group on drug addiction are bringing forward proposals to this end.

The most encouraging aspect of the drug scene has been the lack of any evidence of the extension of drug taking among younger boys and girls attending school. Two pupils attending a secondary school in Hatfield and another at a school in Welwyn Garden City have been under close supervision in conjunction with the staff of the school following definite evidence of drug taking, but the majority of heads report that they are aware of no problems whatsoever in their schools in spite of the most careful attention to this subject and awareness of each member of the staff of the need for prompt reporting of any suspicion of drug taking or passing among their pupils. In conjunction with the Mid Herts Teachers' Centre which was opened in September, discussions for teachers on the problems of drug taking by young people have been arranged and a display panel with samples of the various drugs in use, and copies of the various books and pamphlets on the subject, has been circulated around the staff rooms of all secondary schools in the Division.

*Report of Dr. J. D. Hall, Divisional Medical Officer, North Herts.*

### 1. *Drug Taking.*

In July, 1969, a Standing Committee on Drug Dependence North Hertfordshire was set up representing hospital, pharmaceutical, education, health, and voluntary youth services. At the two meetings of this Committee during 1969 discussions took place to try and decide the best way of dealing with this very difficult problem. It was felt that the public could help considerably by passing information either to the police or to members of the education and health services staff. This was issued in a Press release with stress laid upon the fact that all such information would be treated in the strictest confidence. The latest figure of people who are known to the police as having used injectable drugs is 44 of whom about 30 live in Stevenage—of these 44 only 12 are known to be receiving D.D.A. drugs—all methadone. A much larger number of young people are believed to use other drugs such as cannabis, lysergic acid, amphetamines, barbiturates, etc., especially at week-ends.

Plans are going ahead for the setting up of a drug treatment centre at Southgate clinic, Stevenage. This will be started as soon as an additional psychiatrist can be appointed.

### 2. *Child Health Clinics.*

A new child health clinic was opened at Trotts Hill Infant School in Stevenage in July. The number of attendances at this clinic is increasing and consideration is being given to holding a session once a week instead of alternate weeks as at present. Attendances at other clinics continue at about the same level as last year with just a very slight decrease.

Referrals continue to be made to the Child Health Assessment Unit which



is proving to be of value for the supervision of children with difficult problems. During the year 266 appointments were made for which 55 failed to attend. The number attended was 211 and 44 were discharged from the Unit. Of 2,855 children born from October, 1968 to October, 1969, 910 were put on the Observation Register—i.e. 31·3 per cent.

### *3. Night-Sitter Service.*

Approval was given by the Social Welfare Sub-Committee on 8th September, 1969 for night sitters to be paid at the same rate as home helps, (at present 5s. 5 $\frac{3}{4}$ d. per hour) for a maximum of four nights per week and the householder to receive a maximum of two nights per week unless there are special circumstances.

A register of night sitters has been set up in the division who are available at 24 hours notice. The service has been used twice and one case is continuing in Stevenage at the present time.

### *Report of Dr. A. Shaw, Divisional Medical Officer, South-West Herts Division.*

Useful developments in the service in South-West Herts last year were :—

#### *Care of the Elderly.*

A new day centre for the elderly was opened for one day a week at the Tolpits Health Annexe, Tolpits Lane, Watford. This is the second such centre opened in the division during the last 15 months and it partially fills a need in this area.

Elderly persons attending the day centres are the subject of useful consultation with family doctors and it is possible only to take them with a high priority rating.

The day centre opened in Abbots Langley last year goes from strength to strength and the management committee have already asked for finance for a further day. Unfortunately voluntary workers can do only so much and one day a week mops up most of the voluntary effort available for transport and serving meals. It is inevitable therefore that if this much needed service is to grow that paid officers must be appointed. The service is undoubtedly valuable and deserves priority in the allocation of available money.

An occupational therapist from the Social Work Unit visits the centres and arrangements are in hand with the Department of Adult Studies at Cassio College to give a series of talks and demonstrations to the members.

Preliminary arrangements are being made for day centres on similar lines in Bushey, South Oxhey, and central Watford.

It is a pleasure to acknowledge the invaluable support and work of churches and voluntary organizations in the division on the day centre projects.

#### *Venereal Diseases Publicity.*

Mention was made in last year's report of a project involving the use of a recorded telephone message giving the symptoms of gonorrhoea and syphilis and places where treatment could be obtained. After very good Press and other publicity, this service was started in October and during the first five months no less than 8,500 calls were received. A large number of the callers will have been just curious but an unknown number will have been worried seekers of information. A useful fringe benefit is that 8,500 callers were told the signs and symptoms of venereal disease and so as a means of health education this method is valuable.



*Health Education.*

A divisional health education group was set up in October, 1968, and some of the benefits were seen in 1969. The group has representatives from health, education, youth services, and social services together with the lecturer in health education from Wall Hall Teacher Training College. Other members are co-opted when the need arises.

The first benefit of the group was a closer relationship with the educationists and the definition of a philosophy of health education in schools, a philosophy which is still expanding and evolving. With the enthusiastic co-operation of the adviser on in-service training for teachers in the divisional education office, a course on health education was held for teachers, health visitors, and doctors. The course was useful and it is hoped to hold further courses in the future.

The group also started a research project to determine the "areas of ignorance" on health matters in young expectant mothers, and it is hoped by this method of quantification to feed back information to schools so that the content of health education in schools can be adjusted.

*Drug Dependence.*

A working party on drug dependence was set up also during the year and there is cross-representation with the health education group. As a result a useful course of talks and discussions were arranged for teachers, health visitors, doctors, and social workers at St. Michael's School, Garston. It is intended to hold further sessions at other schools. Another side benefit from this group was the formation of a group of social workers representing the Health and Welfare, Social Work Unit, Children's, and Probation Services to consider ways in which a panel of experienced social workers could assist teachers. This group has the potential to expand to a useful role not necessarily related to drugs, but to preventive social work on a broad front.

